PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2017 NOV 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

500304917525
11/17/17--01007--012 **25.00

CR2E041 (12/13)

DOCUMENT # L16000179767

1. Limited Liability Company's Name

Gutter King and Screen llc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
413 E. Pershing st.	
Suite, Apt. #, etc	Suite, Apt. #, etc
Tallahassee, FL.	
City & State	City & State
32301	
Zip / Country	Zip / Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number [X] Applied For [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [ ] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Thomas Buckley

Street Address (P.O. Box Number is Not Acceptable): 413 E. Pershing St.

Suite, Apt. #, Etc

City: Tall. | State: FL | Zip Code: Fl. 32301

E-mail Address:

500304917525
11/20/17--01002--001 **213.75

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S

Signature of Registered Agent _____ Date 11.17.17

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
Mgr	Thomas Buckley	413 E. Pershing St.	Tall. Fl. 32301
Mgr	Timothy Rutherford	1005 Myers Park, Lane	Tall. Fl. 32301

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of Chapter 605, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of Authorized Person _____ Date 11.17.17 Daytime Phone # 850-590-7450

Typed or printed name of signing Authorized Person _____