

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 13 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000090496

1. Corporation Name
GULSAGE INVESTMENTS, L.L.C.

2. Principal Office Address - No P.O. Box #
508 East Boynton Beach Blvd

3. Mailing Office Address
48 E. Flagler Street

Suite, Apt. #, etc.
Suite PH-104

City & State
Boynton Beach, FL

City & State
Miami, FL

Zip 33435	Country USA	Zip 33131	Country USA
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11/16/09--01006--013 **377.50
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 9/14/2005

5. FEI Number 20-3505582 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Daniel Moskovitz, Esq.

Street Address (P.O. Box Number is Not Acceptable)
48 East Flagler Street,

Suite, Apt. #, Etc.
Suite PH-104

City Miami	State FL	Zip Code 33131
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Daniel Moskovitz* Date 11/12/2009
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGR	Sager, Steven	508 East Boynton Beach Blvd.	Boynton Beach, FL 33435
MGR	Gullo, Joseph	7842 Afton Villa Court	Boca Raton, FL 33433

REINSTATEMENT 08, 09

10. E-mail Address: sm@3mlaw.net, ssager@sagercorp.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Joseph Gullo* JOSEPH GULLO, MGR Date 11/12/2009 305 371-2248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

N. O'Neil NOV 16 2009