

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L48755**

1. Corporation Name

**GULLO GRAPHICS, INC.**

Principal Place of Business

P.O. BOX 962  
DEERFIELD BCH. FL 33443

Mailing Address

P.O. BOX 962  
DEERFIELD BCH. FL 33443

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/09/1990

5. FEI Number

65-0187567

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GULLO, CHARLES	7 SE 15TH ST	DEERFIELD BCH. FL

300003029733-4  
-10/29/99--01085--025  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GULLO, CHARLES  
7 S.E. 15TH ST.  
DEERFIELD BEACH FL 33441

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES GULLO PRESIDENT

10/14/99

Date

Daytime Phone #

954-427-7327

# Levy & Associates, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

Joel I. Levy, CPA  
Josh Freedman, CPA

2101 CORPORATE BLVD. NW, SUITE 317  
BOCA RATON, FL 33431  
TELEPHONE 561/998-7770  
FAX 561/998-7771

October 18, 1999

Florida Division of Corporations  
Annual Report Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Gullo Graphics, Inc.  
FEI# 65-0187567

Dear Sir or Madam:

This letter is in response to your notice regarding the "Dissolution of Corporation" for not filing the 1999 Corporation Annual Report. Enclosed in a copy of the Annual Report that was completed on January 9, 1999.

During that period, the owner of the corporation was in a serious car accident and is still recuperating from the injuries. He has just recently attempted to return to work. While he believed that the report was filed in a timely manner, it may not have been due to the circumstances related to the accident. Attached is a copy of the accident report that was filed.

We are sending a copy of the annual report, along with a check for \$150.00, and request that you reinstate the corporation. We appreciate your consideration of this matter.

Sincerely,

Levy & Associates, P.A.

Joel I. Levy  
Certified Public Accountant