

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**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, Apt. #, etc.

Suite PH-104

City & State

Boynton Beach, FL

City & State

Miami, FL

Zip

33435

Country

USA

Zip

33131

Country

USA

**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

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*

REGISTERED AGENT MUST SIGN

Date 11/12/2009

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

11/12/2009 305 371-2248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

N. O'Neil

NOV 16 2009

**FILED**

09 NOV 13 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100162842331  
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

☒ 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.