

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 DEC 12 PM 1:52

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

100215109031
12/12/11--01052--001 **377.50

CR2E041 (1/11)

DOCUMENT # LO7000012534

1. Limited Liability Company's Name

Gauge Enterprises LLC

2. Principal Office Address - No P.O. Box #

1807 Ox Bottom Ln

Suite, Apt. #, etc.

3. Mailing Office Address

1807 Ox Bottom Ln

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32312

Country

US of A

Zip

32312

Country

US of A

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☐ 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

Siye M. Baker

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

1807 Ox Bottom Lane

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

E-mail Address:

gaugeLLC@gmail.com

(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 608, F.S.

Signature of
Registered Agent

[Signature]

Date

12-12-11

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Siye M. Baker	1807 Ox Bottom Ln	Tallahassee FL 32312
REINSTATEMENT 10-11 DB			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, 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 section 608.406, 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 Managing
Member/Manager

[Signature]

Date

12/12/11

Daytime Phone #

(850) 228-3550

Typed or printed name of signing Managing Member/Manager