

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

15 AUG 11 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000012534

1. Limited Liability Company's Name

Gauge Enterprises LLC

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

1807 Ox Bottom Lane  
Suite, Apt. #, etc.

3. Mailing Office Address

1807 Ox Bottom Lane  
Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32312

Country

USA

Zip

32312

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FL / WA

5. Date Organized or Qualified  
To Do Business in Florida

2-2-07

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

SIVE M. BAKER

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

1807 Ox Bottom Lane

Apt. #, Etc.

City

Tallahassee FL

State

FL

Zip Code

32312

400275985524  
08/12/15--01001--011 \*\*\$655.00

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

[Signature]

Date 8/11/15

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	SIVE M. BAKER	1807 Ox Bottom Lane	Tallahassee FL 32312

11. E-mail Address

GAUGE LLC@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee 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 requirement of section 605.0012, 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 representative/member

[Signature]

Date

8/11/15

Daytime Phone

(850) 228-3550

Typed or printed name of signing authorized representative/member

DC 8/11/15