

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 17 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000028875**

1. Corporation Name

GULTAS, INC.

Principal Place of Business

Mailing Address

6800 SW 81ST TERR
MIAMI FL 33143

6800 SW 81ST TERR
MIAMI FL 33143



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-6368439

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	SAGESEN, MEHMET F	6800 SW 81ST TERR	MIAMI FL 33143

000023870900
10/17/03--01022--026 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARSHALL, M. KEITH
18305 BISCAYNE BLVD., STE. 300
AVENTURA FL 33160

Name

Stephen Enriquez

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

1 SE 3rd Ave #1440

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33131

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE
REGISTERED AGENT MUST SIGN

Date

10/13/03

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

CR2E040 (7/03)

October 13, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Gultas, Inc.
Document #P1000028875\

Dear Sir/Madam:

Enclosed is the completed annual report for 2003 for the captioned corporation. The original annual report was not received by this corporation. When they received the second notice, they promptly completed and mailed it in with the \$150 fee. Please waive the late fee in the amount of \$400.

Thank you for your consideration in this matter. Should you have any questions, please contact me.

Very truly yours,

Stephen C. Enriquez

For the firm

SCE/lgl

Enclosures