APPLICATION FOR A CONTROL CONT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P99000094824

1. Corporation Name

FILED SECKE FARY OF STATE STATEMENT OF CORPORATIONS

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GUSAC CORP. Principal Place of Business Mailing Address I70 OCEAN LANE DRIVE NO. 513 I70 OCEAN LANE DRIVE, NO. 513 I70 OCEAN LANE	1. Corporat	ion name						•
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REINSTATEMENT 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Fiorids 10/27/1989 5. ER Number Applied For City & State Country 2. P. Country 2. Country 2. Country 2. Country 2. Regular For STATUS DESPRED 3. For Number of Office Address of Each Officer and/or Director (Pordia nonprofit corporations must fail at least 3 directions) 7. Names and Streat Address of Each Officer and/or Director 9. Name Address of Each Officer and/or Director 1. Country 1. Country 1. To OCEAN LANE DRIVE, NO. 513 NEY BISCAYNE FL 33149 8. Name and Address of Current Registered Agent Name PADILLA, SANTIAGO J P.A. 1001 BRICKELL BAY DRIVE SUITE 1704 MIAMI FL 33131 10. 1. being appointed the registance agent of the above namyed corporation, an familiar with and accept the obligations of Section 607 9505, F. S. Signature of Registered Agent MuST Sign. 1. Lordly, had I am an officer or director or the receiver or traitee empowered to execute the significant or provided for in chapter 617 or 17, 621, 151, the table files oned by the corporation have been paid and the names of individual titled on this form do not qualify for an exemption under section 115,07(3)(), F.S. The Information Indicated on this application is the and excenter of address of and the name of individual titled on this form do not qualify for an exemption under section 115,07(3)(), F.S. The Information Indicated on this application is the and excenter of address of and the name defined on the spike defice as in made under one. SIGNATURE: Application in the propried of the company of	Principal Place of Business Mailing Add			ess		1		
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Zp Country Zp Country C CERTIFICATE OF STATUS DESIRED STATUS DESIR	City & State City & State				65-0963388 Not Applicable			
Signature of Directors Street Address of Each Officer and/or Director A City / State / Ztp	Zip Country Zip		Country		I			
Title(s) 2 and/or Directors 3 Officer and/or Director 4 City / State / Zip D DULANTO, CARLOS 170 OCEAN LANE DRIVE, NO. 513 KEY BISCAYNE FL 33149 BBBBB 556850 7 -11/07/0001119008	7. Names a		l/or Director (Flo	, 				
8. Name and Address of Current Registered Agent PADILLA, SANTIAGO J P.A. 1001 BRICKELL BAY DRIVE SUITE 1704 MIAMI FL 33131 10. I, being appointed the registazed agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 11. I certify that I am an officer or director or the receiver or trustee empowered to execute this 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 pell and the names of individuals lated on this septication is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: **TOTOLOGIC PROPERTY AGENT AG	Title(s) and/or Directors		Officer and/or Director					
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