

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR 13 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **770558**

1. Corporation Name

FUTURA GABLES CONDOMINIUM ASSOCIATION, INC.

W02-b415

2. Principal Office Address

7350 NW 7 ST

3. Mailing Office Address

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

City & State

MIAMI

City & State

FL

Zip

33126

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/4/83

5. FEI Number

65-0202288

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Gonzalo M. Lase

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

7350 NW 7 ST.

Suite, Apt. #, Etc.

Suite 201

City

MIAMI

State

FL

Zip Code

33126

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

Date **2/28/02**

REGISTERED AGENT MUST SIGN

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
P/S/D	Mark S. Gallegos	10050 S W 63 Place	Miami, FL 33156
VP/T/D	Carlos R. Reyes	10050 S. W. 63 Place	Miami, FL 33156
D	Jeannie Kwan Gallegos	10050 S. W 63 place	Miami, FL 33156

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02 **305-761-8500**
Date Daytime Phone #