


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000009264


1. Entity Name
SALZEDO IN THE GABLES CONDOMINIUM ASSOCIATION, INC.



FILED
 2008 APR -4 AM 7:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1014 SALZEDO ST CORAL GABLES, FL 33134	Mailing Address 1014 SALZEDO ST 312 CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1430 NW 15 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Miami, FL
Zip	Country
33125	US



REINSTATEMENT

02072008 REIN-NP CR2E099 (1/07) 07-08

4. FEI Number
20-0798440

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOSA, DEBBIE A
 1014 SALZEDO ST
 312
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name **SKRLD, Inc.**

Street Address (P.O. Box Number is Not Acceptable)
 201 Alhambra Circle, Suite 1102

City **Coral Gables** FL Zip Code **33134**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE SKRLD, Inc. by Lisa A. Lerner *Lisa A. Lerner*, Secretary 2/17/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$297.50

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRES	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSA, DEBBIE A		NAME	Kevin A. Arnoux	
STREET ADDRESS	1014 SALZEDO ST., #312		STREET ADDRESS	1430 NW 15 Avenue, Miami, FL 33125	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	VP/T	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOUX, KEVIN A		NAME	Nicole Kramer	
STREET ADDRESS	1014 SALZEDO ST., #105		STREET ADDRESS	1430 NW 15 Avenue, Miami, FL 33125	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM, CHARLOTTE		NAME	Zudannie Nunez	
STREET ADDRESS	1014 SALZEDO ST., #200		STREET ADDRESS	1430 NW 15 Avenue, Miami, FL 33125	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date 4/2/08 Daytime Phone # 786 259-0226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR