

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 21 AM 9:28

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **029742**

1. Corporation Name
Sabal Point Commercial Property
Association, Inc.

700129194487
05/13/08--01010--015 **900.00
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # c/o RB-Gem Management, LLC 4937 SW 75 Avebye Suite, Apt. #, etc. B-21 City & State Miami, Florida Zip 33173 Country U.S.A.		3. Mailing Office Address c/o RB-Gem Management, LLC 4937 SW 75 Avenue Suite, Apt. #, etc. B-21 City & State Miami, Florida Zip 33173 Country U.S.A.	
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4. Date Incorporated or Qualified To Do Business in Florida 12/15/1998	
5. FEI Number 611176499	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Isaac J. Mitrani, Esq.			
Street Address (P.O. Box Number is Not Acceptable) Mitrani, Rynor & Adamsky, P.A. One S.E. Third Avenue Suite, Apt. #, Etc. Suite 2200 City Miami State FL Zip Code 33131			

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 5-5-08

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
PD	Luis Alonso	c/o RB-Gem Management, LLC 4937 SW 75 Ave., B-21	Miami, Florida 33173
VPD	Rolando Benitez	c/o RB-Gem Management, LLC 4937 SW 75 Ave., B-21	Miami, Florida 33173

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 contained in Chapter 119, 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 Luis Alonso PD.
Date 12-19-07 Daytime Phone # 305-267-8384