

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAY 29 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 43 453

1. Corporation Name

GABLES WALK HOMEOWNERS
ASSOCIATION CORP.

2. Principal Office Address - No P.O. Box #

3654 SW 23rd St.

Suite, Apt. #, etc.

3. Mailing Office Address

449 MILLER ROAD

Suite, Apt. #, etc.

City & State

MIAMI, FLA

City & State

CORAL GABLES, FLA

Zip

33145

Country

USA

Zip

33146

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-21-1984

5. FEI Number

65-0275023

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TED ZELLMAN

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

3654 SW 23rd St.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

500235081525

05/30/12--01009--017 **8.75

REINSTATEMENT

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date MAY 18, 2012

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
MR	TED ZELLMAN	3654 SW 23rd St.	Miami, FL 33145
MR	PAUL R. DAILEY	3658 SW 2nd St	Miami, FL 33145
MR	JOHN F. GAMACHE	3656 SW 23rd St.	Miami, FL 33145
			S. HAWKES
			MAY - 2012

10. E-mail Address: zelxxx@yahoo.com

(To be used for future annual report notification)

EXAMINER

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/2012 305-662-8875
Date Daytime Phone #