
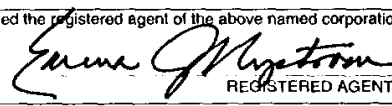



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 OCT 18 PM 12:28	
DOCUMENT # N28693 W99-22838					
1. Corporation Name GABLES SOUTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5750 TURIN ST CORAL GABLES FL 33146			Mailing Address 5750 TURIN ST CORAL GABLES FL 33146		
REINSTATEMENT 89-99					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 1989 5. FEI Number 650239615 Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PRES.	EMMA G NYSTROM T	5750 TURIN #102	CORAL GABLES 33146 FL		
TREA.	NICOLE GONZALEZ T	" #103	" "		
SEC.	FRANCEY ROBLEY T	" #104	" "		
			800003024428--1 -10/25/99--01131--007 ****848.75 ****848.75		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name EMMA G NYSTROM		
			Street Address (P.O. Box Number is Not Acceptable) 5750 TURIN ST #102		
			Suite, Apt. #, Etc. CORAL GABLES FL 33146		
			City State Zip Code FL 33146		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent 			Date 9/28/99		
REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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:  EMMA G NYSTROM 9/28/99 (205) 666-8904 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2001 (12/99)