

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 750200

FILED
Nov 10, 2009
Secretary of State

Entity Name: GABLESTAGE, INC.

Current Principal Place of Business:

1200 ANASTASIA AVE., STE. 230
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

1200 ANASTASIA AVE., STE. 230
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 59-1972774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ADLER, JOSEPH
1200 ANASTASIA AVE., STE. 230
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: JOSEPH ADLER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: WEINGER, STEVEN M
Address: 2650 SW 27TH AVENUE
City-St-Zip: MIAMI, FL 33133

Title: S () Delete
Name: SHULACK, GRETA
Address: 603 PUERTA AVE.
City-St-Zip: CORAL GABLES, FL 33143

Title: D () Delete
Name: BERLOW, MARLENE
Address: 3840 CRAWFORD AVE.
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: COULSON, DAVID
Address: 1221 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: CHESTER BANDER, JO ANNE
Address: 500 ALAHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN WEINGER

PRES

11/10/2009

Electronic Signature of Signing Officer or Director

Date