

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVAL AND FILED

03 OCT 24 PM 3:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **467848**

1. Corporation Name

GABLES COIN & STAMP SHOP, INC.

Principal Place of Business

Mailing Address

322 MIRACLE MILE
 CORAL GABLES FL 33134

322 MIRACLE MILE
 CORAL GABLES FL 33134

GH

REINSTATEMENT 2003



300024059493
 10/24/03--01007--021 **750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/11/1974	
City & State		City & State		5. FEI Number	
Zip		Country		59-1567528	
				Applied For	
				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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ALBRIGHT, JOHN	322 MIRACLE MILE MILE	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALBRIGHT, JOHN C.
 322 MIRACLE MILE
 CORAL GABLES FL 33134

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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. or 617.0505, F.S.

Signature of Registered Agent: *John C. Albright* Date: *10/20/03*
 REGISTERED AGENT MUST SIGN

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., 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)(j), 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: *John C. Albright* Date: *10/20/03-705 445 7500*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/03)