

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722884

1. Corporation Name
Gable Arms Condominium Association, Inc.

c/o First Source Mgmt. Inc. c/o First Source Mgmt. Inc.

2. Principal Office Address - No P.O. Box # 3200 No. Federal Hwy
3. Mailing Office Address 3200 No. Federal Hwy

Suite, Apt. #, etc. Suite 121 Suite 121

City & State Boca Raton FL Boca Raton FL

Zip 33431 Country Zip 33431 Country

7. Name and Address of Current Registered Agent

Name First Source Management Inc.

Street Address (P.O. Box Number is Not Acceptable) 3200 No. Federal Hwy

Suite, Apt. #, Etc. Suite # 121

City Boca Raton State FL Zip Code 33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505.
Signature of Registered Agent [Signature] Date 04/23/07
REGISTERED AGENT MUST SIGN

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
Dir	Bryce Nelson	4143 No. Ocean Blvd.	Ft. Lauderdale, FL 33308
Pres	Linda Glass	4143 No. Ocean Blvd. #107	Ft. Lauderdale FL 33348
Treas.	Dennis Gumlick	4143 No. Ocean Blvd.	Ft. Lauderdale FL 33348
VP	Tom Leide	4143 No. Ocean Blvd #108	Ft. Lauderdale, FL 33308
Sec.	Cathleen Costanzo	4143 No. Ocean Blvd.	Ft. Lauderdale, FL 33308

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] Date 4-5-07 Daytime Phone # 561 5448801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

2007 APR 10 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 76-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-1540447 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

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.

per conversation with John Luciani At First Source Management gave permission to write condominium in title of name. B.