

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 11 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 726296</b> 1. Entity Name THE GABLES BATH CLUB APARTMENTS, INC.			
Principal Place of Business 700 CORAL WAY 15 CORAL GABLES, FL 33134	Mailing Address 700 CORAL WAY CORAL GABLES, FL 33134		
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country



11132006 REIN-NP CR2E099 (11/05) **06**

4. FEI Number  
59-1567217

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  DAVID H ROGEL, ESQ, BECKER & POLIAKOFF 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI, FL 33126	7. Name and Address of New Registered Agent Name <b>DAVID ROGEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>121 Alhambra Plaza, 10th Floor</b> City <b>Coral Gable</b> FL Zip Code <b>33134</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **12/8/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$236.25**  
 After January 1, 2007, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD BECK, HAROLD	<input checked="" type="checkbox"/> Delete	TITLE	PD BARSH, HARRY E, APT 3	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	700 CORAL WAY APT 12		NAME	600082183196	
STREET ADDRESS	CORAL GABLES, FL 33134		STREET ADDRESS	700 CORAL WAY	
CITY-ST-ZIP			CITY-ST-ZIP	CORAL GABLES FL 33134	
				11/30/06--01050--015 **245.00	
TITLE	TD ANDREWS, JOHN	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700 CORAL WAY APT 5		NAME		
STREET ADDRESS	CORAL GABLES, FL 33134		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D YANES, JUAN	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700 CORAL WAY APT 8		NAME		
STREET ADDRESS	CORAL GABLES, FL 33134		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D GUITERAS, John	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700 CORAL WAY APT 1		NAME		
STREET ADDRESS	CORAL GABLES FL 33134		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **11-27-06** **305-442-1075**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #