

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Seal of the State

SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000006789

03 JAN 13 PM 2:09

Name and Mailing Address

0008531 01 FP 0.352 **PRSR H6 0 0615 33134-647182



THE GABLES, L.L.C.
3282 RIVIERA DRIVE
CORAL GABLES FL 33134-6471



REINSTATEMENT

2002-2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3282 RIVIERA DRIVE CORAL GABLES FL 33134-6471		5. Date Organized or Qualified To Do Business in Florida 04/26/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1112554 Applied For Not Applicable	
8. Name and Address of Current Registered Agent MENDIOLA, MARCIA 3282 RIVIERA DRIVE CORAL GABLES FL 33134-6471		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>Marcia Mendiola</u> Date <u>1-6-03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member	Marcia Mendiola	3282 Riviera Dr.	Coral Gables, FL 33134
			000010675110 01/23/03--01072--016 **208.75
		2002-2003	

CR2E084 (8/02)

REINSTATEMENT

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Marcia Mendiola Date 1-6-03 Daytime Phone # 305-445-2525

Typed or printed name of signing Managing Member/Manager