

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **L51831**

1. Corporation Name

GABLES IMAGING, INC.

Principal Place of Business

Mailing Address

~~1824 PONCE DE LEON BLVD~~
~~CORAL GABLES FL 33134~~

1824 PONCE DE LEON BLVD
STE 324
CORAL GABLES FL 33134

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

2. New Principal Office Address, If Applicable

1570 MADRUGA AVE. SUITE 401

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
1570 MADRUGA AVE. SUITE 401

Suite, Apt. #, etc.
CORAL GABLES, FL.

City & State

33146

City & State

CORAL GABLES FL.

Zip

Country

Zip

33146

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/1990

5. FEI Number

65-0173934

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ACEBAL, LUIS F	11460 SW 3RD ST	MIAMI FL
D	CALVO, ZAYDEE	9068 S.W. 112 CT	MIAMI FL 33176
P	CALVO, FERNANDO	9068 S.W. 112 CT 9068 SW. 112 CT.	MIAMI FL 33176
V. P.	ELENA URDANETA	10630 N.W. 52TH TERR.	MIAMI FL 33178
S.	RACHEL GRIST	6686 S.W. 103RD CT.	MIAMI FL 33173

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ACEBAL, LUIS F
11460 SW 3RD ST
MIAMI FL 33174

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date **02-10-04**

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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERNANDO CALVO

Date

Daytime Phone #

02-10-04

(305) 661-1919

CR2E040 (7/03)