

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 26 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L56026

1. Corporation Name

GABLES MEDICAL SERVICES INC

W05-24652

2. Principal Office Address

7500 NW 25 ST

Suite, Apt. #, etc.

111

City & State

MIAMI FL

Zip

33122

Country

USA

3. Mailing Office Address

7500 NW 25 ST

Suite, Apt. #, etc.

111

City & State

MIAMI FL

Zip

33122

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1990

5. FEI Number

65-0179408

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VICTOR COSIO

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

4051 SW 112 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/11/05

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
P	VICTOR COSIO	4051 SW 112 AVE	MIAMI FL 33165

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 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:

VICTOR COSIO

786-247-2561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)