PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99 FEB 18 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07022

1. Corporation Name

GABLES POINT I CONDOMINIUM ASSOC., INC

W98-2115

Principal Place of Business / Mailing Address

C/O J&M CONDO. MANAGEMENT
275 FONTAINEBLEAU BLVD.#200
MIAMI, FL. 33172

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

REINSTATEMENT 97-99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
	275 FONTAINEBLEAU BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. 200
City & State	City & State MIAMI, FL.
Zip / Country	Zip 33172 / Country DADE

4. Date Incorporated or Qualified To Do Business in Florida: 1/9/85

5. FEI Number: 59-2600784 — 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTD	LOPEZ, FRANK	5000 S.W. 72 AVE.	MIAMI, Fl. 33155
SO	SPLAIN, JOANIE	4520 S.W. 68TH CT. CIR. #10	MIAMI, FL. 33155
D	LICEA, ROSA	4510 S.W. 68TH CT. CIR. # 4	MIAMI, FL. 33155

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****25.75 ****25.75

8. Name and Address of Current Registered Agent

NESTOR ALVAREZ
3971 S.W. 8th STREET SUITE#209
CORAL GABLES, FL. 33134

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent — REGISTERED AGENT MUST SIGN — Date 1-18-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: _____ 1-18-99 305 207-9532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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