

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 18 PM 12:28

DOCUMENT # **N28693** **W99-22838**

1. Corporation Name
GABLES SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
5750 TURIN ST
CORAL GABLES FL 33146

REINSTATEMENT

89-99

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 650239615	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES.	EMMA G NYSTROM T	5750 TURIN #102	CORAL GABLES 33146 FL
TREAS.	NICOLE GONZALEZ T	" #102	" "
SEC.	FRANCEY ROBLEY T	" #104	" "
800003024428-1 -10/25/99-01131-007 ****848.75 ****848.75			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name EMMA G NYSTROM	
		Street Address (P.O. Box Number is Not Acceptable) 5750 TURIN ST #102	
		Suite, Apt. #, Etc. CORAL GABLES FL 33146	
		City FL	State Zip Code FL 33146

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: *Emma G Nystrom* Date: 9/28/99
 REGISTERED AGENT MUST SIGN

11. This corporation owes 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: *Emma G Nystrom* **EMMA G NYSTROM** 9/28/99 (205) 666-8904
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (12/98)