

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 21 AM 9:28

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **029742**

1. Corporation Name  
Sabal Point Commercial Property  
Association, Inc.

**700129194487**  
05/13/08--01010--015 \*\*900.00  
CR2E081 (1/07)

|  |  |  |  |
|--|--|--|--|
| 2. Principal Office Address - No P.O. Box #<br>c/o RB-Gem Management, LLC<br>4937 SW 75 Avebye<br>Suite, Apt. #, etc.<br>B-21<br>City & State<br>Miami, Florida<br>Zip Country<br>33173 U.S.A. |  | 3. Mailing Office Address<br>c/o RB-Gem Management, LLC<br>4937 SW 75 Avenue<br>Suite, Apt. #, etc.<br>B-21<br>City & State<br>Miami, Florida<br>Zip Country<br>33173 U.S.A. |  |
|--|--|--|--|

|   |  |
|---|--|
| 4. Date Incorporated or Qualified To Do Business in Florida | 12/15/1998   |
| 5. FEI Number   | 611176499  |
| Applied For   | Not Applicable   |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>   | \$8.75 Additional Fee required for a Certificate of Status |

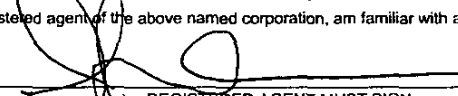
7. Name and Address of Current Registered Agent

Name  
Isaac J. Mitrani, Esq.

Street Address (P.O. Box Number is Not Acceptable) Mitrani, Rynor & Adamsky, P.A.  
One S.E. Third Avenue  
Suite, Apt. #, Etc.  
Suite 2200  
City State Zip Code  
Miami FL 33131

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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  Date **5-5-08**

REGISTERED AGENT MUST SIGN

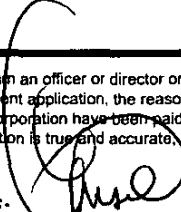
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director      | City / State / Zip      |
|--------|-----------------------------------|---|-------------------------|
| PD     | Luis Alonso                       | c/o RB-Gem Management, LLC<br>4937 SW 75 Ave., B-21 | Miami, Florida<br>33173 |
| VPD    | Rolando Benitez                   | c/o RB-Gem Management, LLC<br>4937 SW 75 Ave., B-21 | Miami, Florida<br>33173 |
|        |                                   |   |                         |
|        |                                   |   |                         |
|        |                                   |   |                         |

**BS/23/08**

**REINSTATEMENT 02-08**

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 contained in Chapter 119, 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:  **Luis Alonso PD.** Date **12-19-07** Daytime Phone # **305-267-8384**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR