PLEASE READ ALL INSTRUCTIONS BEFORE OF STATE SANGRAB. Mortham Secretary of State DIVISION OF CORPORATIONS							APPROVED AND FILED				
DOCUMENT # N9600001744 1. Comporation Name SOUTHEAST GABLES RESIDENTIAL ASSOCIATION, INC.							98 NOV 19 PM 3:59 SECRETARY OF STATE TALLAHASSEE. FLORIDA 200002707372-3				
1313 PON SUITE 301	Place of Busin CE DE LEON E ABLES FL 3313	OULEVARD	Mailing Address 1313 PONCE DE LEON BOULEVARD SUITE 301 CORAL GABLES FL 33134-3007				-12/09/9801070008 *****61.25 *****61.25				
· ·				rect information and enter correction below. Mailing Office Address, If Applicable Apt. #, etc.			4. Date incorporated or Qualified To Do Business in Florida 03/29/1996 5. FEI Number Applied For				
City & State Zip Country			City & State Zip Count			y	65-0733552 6. CERTIFICATE OF STATUS DESIRED \$8.75			Not Applica ditional Fee req	able uired
7. Names Title(s)				orida nonprofit corporations must list at leas Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nur			st 3 directors)	3 directors)			
D	BLET, GEORGE			245 CANDIA AVENUE			imporay	CORAL GABLES FL 33134			
D	DURANA, AURELIO-ESQ-			322 ALESIO AVENUE				CORAL GABLES FL 33134			
-D 	HAYS, DAVID W			243 FLUVIA AVENUE				CONAL GABLES FL 33134 CONAL GABLOS FL 33134			
D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				315 CAMILO AVORNO				UHBLOS	11	<i>-</i> 7
<u>D</u>					316 CANSIA AUENO 306 ALESIO AUONO			((_
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent					
DURANA, AURELIO ESQ 1313 PONCE DE LEON BOULEVARD SUITE 301 CORAL GABLES FL 33134-3007						Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code					
Signature of Registered	of Agent	e registered agent of the above	GISTERED AG	ENT MUST	SIGN	HRED	ligations of Secti	on 607.0505, F.S.	1/12/9	TE	_
Int 12. I certify this reir	tangible that I am an onstatement app	ration owes or ha Personal Property officer or director or the received collection, the reason for dissolt ion have been paid and the na	tax due er or trustee em ution has been	June 3	execute the corpo	Yes Lithis application as prage name satisfies t	he requirements	pter 607 or 617, F	01 or 617.0401. F.	that when filing	
on this	application is t	rue and accurate, and my sign	nature shall hav	re the same I	legal effe	ct as if made under	oath,	161 36000H 119.07	ισχη, r.o. The ini	omanom moicat	ea

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A UNELLO DUMANA, DINOCTON

SIGNATURE:

0 /98 (305) 446 3887 Date Daytime Phone #

SOUTHEAST GABLES RESIDENTIAL ASSOCIATION, INC.

(A Florida not for profit corporation)
1313 Ponce de Leon Blvd., Ste. 301
Coral Gables, FL 33134-3343
Telephone (305) 446-3883 or 445-8356

November 12, 1998

The Honorable Sandra Mortham
Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Southeast Gables Residential Association, Inc.

Dear Ms. Mortham:

Attached please find our application for reinstatement/annual report, received on this date. I am also enclosing check for \$61.25 only.

I ask that you waive the reinstatement fee for our non-profit, neighborhood association because I, personally, did not receive your first notice and your second notice never reached any of us or my office. We would have otherwise filed the annual report immediately.

In the future, we will simply calendar the filing of the annual report for the end of April, whether we receive notice from you or not.

Your one-time indulgence will be greatly appreciated.

Sincerely,

Aurelio Durana

Director

Enclosures
Letter2\segra.inc\sandra mortham
11/12/98