

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 OCT 16 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000005566 1. Entity Name GABRIELLA CONDOMINIUM SOUTH ASSOCIATION, INC.					
Principal Place of Business 7762 NW 197TH ST. MIAMI, FL 33015 US		Mailing Address 900 W. 49 ST. 220 HIALEAH, FL 33012 US			
2. Principal Place of Business - No P.O. Box # 3676 SW 2nd Street		3. Mailing Address 3676 SW 2nd St.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami, FL.		City & State Miami, FL.		4. FEI Number 65-0852469	
Zip 33135		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELATORRE, CLEMENTE J 900 W. 49 ST. 220 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name PETER R. ABESADA, ESQ Street Address (P.O. Box Number is Not Acceptable) 3676 SW 2nd St. City Miami FL Zip Code 33135			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 10/14/08 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDES, AMARILYS 900 W 49 ST STE 220 HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director FERNANDES, AMARILYS 3676 SW 2nd Street Miami, FL. 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANCHEZ, MARTHA ESTELLA 900 W 49 ST STE 220 HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3676 SW 2nd Street Miami, FL. 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YANIZ, YOLANDA 900 W 49 ST STE 220 HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3676 SW 2nd Street Miami, FL. 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYES, REYNA 900 W 49 ST. STE 220 HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3676 SW 2nd Street Miami, FL. 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGULO, LILLY 900 W 49 ST STE 220 HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3676 SW 2nd Street Miami, FL. 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			10/14/08 (786) 246-9899		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

2010/17