PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 JUN 23 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000038

1. Corporation Name
GABRIELLA CONDOMINIUM CENTER ASSOCIATIO

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
900 W 49 ST		900 W 49 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
220		220	
City & State		City & State	
HIALEAH, FL		HIALEAH, FL	
Zip	Country	Zip	Country
33012	US	33012	US

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number 650898762 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CLEMENTE J. DELATORRE

Street Address (P.O. Box Number is Not Acceptable)
900 W 49 ST

Suite, Apt. #, Etc.
220

City: HIALEAH | State: FL | Zip Code: 33012

☑ 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 01/10/2008
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	GERARDO RIVAS	900 W 49 ST STE 220	HIALEAH, FL. 33012
TS	GLORIA FLOREZ	900 W 49 ST STE 220	HIALEAH, FL. 33012

REINSTATEMENT 2002-08

01/15/08 01034 018 #367.50

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: _____ 01/10/2008 305-821-7668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #