

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN -8 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000028495

1. Corporation Name

GABLES MEDICAL GROUP, INC.

700009922257
01/07/03--01066--001 **300.00

2. Principal Office Address

1420 S.W. 1ST STREET

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33135

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/2001

5. FEI Number

65-0321718

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

FRANCISCO MOSCOSO

Street Address (P.O. Box Number is Not Acceptable)

10485 S.W. 26 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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

Francisco Moscoso

REGISTERED AGENT MUST SIGN

Date 01/03/2003

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
P	FRANCISCO MOSCOSO	10485 S.W. 26 TERRACE	MIAMI/FL/33165

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 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:

Francisco Moscoso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/03

Date

305 962-4401

Daytime Phone #

CR2E081 (10/02)

g 1/4

**Gables Medical Group, Inc.
1420 S.W. 1ST STREET
MIAMI, FL 33135
(305) 962-4401**

January 3, 2003

Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Re: GABLES MEDICAL GROUP, INC.
Document number P01000028495

Ladies/Gentlemen:

Enclosed you will find the Reinstatement Application and Money Order in the amount of \$ 300.00. for the above referenced Corporation. We never received the original documents and therefore we were unable to file the UBR on time. Therefore we kindly request the late fees to be waived.

If further information is required, you can call us at your convenience.

Sincerely,



Francisco Moscoso

Enclosures