

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 20 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000113252**

1. Corporation Name

Cables Units Investments Corp.

REINSTATEMENT 02-03

~~200024459385~~
11/06/03--01002--022 **300.00

02-03

2. Principal Office Address

1825 Ponce De Leon Blvd.

Suite, Apt. #, etc.

417

City & State

Coral Gables, Florida

Zip

33134

County

Dade

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

-

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 29, 2001

5. FEI Number

65-1156492

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

Hoz-e Co.

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

3785 N.W. 82nd Avenue

Suite, Apt. #, Etc.

Ste. #102

City

Miami, Florida 33166

State

FL

Zip Code

33134

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

Marlene Proenza
REGISTERED AGENT MUST SIGN

Date

Nov. 3, 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
Dir.	Marlene Proenza	829 Majorca Ave.	Coral Gables, FL 33134
Dir.	Paul Proenza	829 Majorca Ave.	Coral Gables, FL 33134

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)(j), 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:

Marlene Proenza **Marlene Proenza (Dir.)**

Date

Nov. 3, 2003

Daytime Phone #

CR2E081 (10/02)

Gables Units Investments Corp.

1825 Ponce De Leon Blvd # 417
Coral Gables, FL 33134

September 26, 2003

Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Corporation Reinstatement

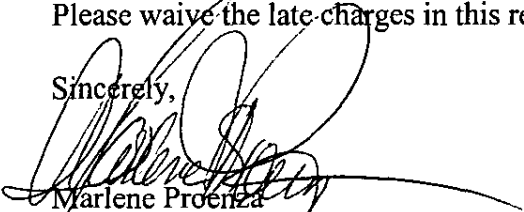
To Whom It May Concern:

Enclosed please find check number 1420 in the amount of \$ 300.00 dollars payable to
The Department Of State Div. Of Corp.

We never received the forms to file our annual report.

Please waive the late charges in this reinstatement.

Sincerely,


Marlene Proenza
Director