

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PH 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000133360**

1. Corporation Name

GABLES MED CENTER, INC.

Principal Place of Business

2101 SW 27 AVE
MIAMI FL 33145

Mailing Address

2101 SW 27 AVE
MIAMI FL 33145

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/2002

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FUENTES, JAVIER	2101 SW 27 AVE	MIAMI FL 33145

8. Name and Address of Current Registered Agent

FUENTES, JAVIER
2101 SW 27 AVE
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/10/03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/03

CR2E040 (7/03)



GABLES MED CENTER
2101 SW 27 AVE
MIAMI, FL 33145
(305) 858-6002 Fax (305) 858-0017

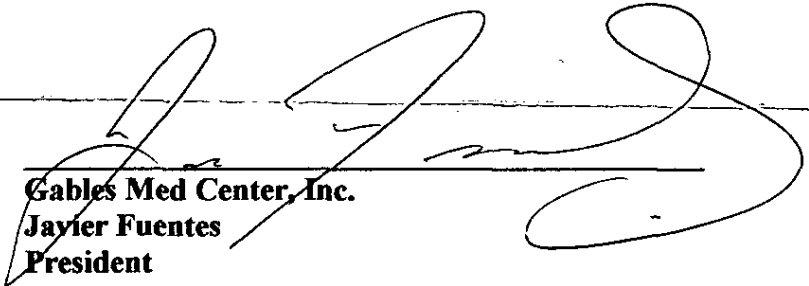
October 10, 2003

**Florida Department of State
Glenda E. Hood
Secretary of State
Division of Corporations**

RE: Application for Reinstatement

This letter serves to inform that Gables Med Center Inc. did not receive UBR letter there for this is the reason why Gables Med did not apply for reinstatement. Please except our sincere apology, and except our application.

Thank you,



**Gables Med Center, Inc.
Jayier Fuentes
President**