

2008 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 10, 2008
Secretary of State**

DOCUMENT# P04000094091

Entity Name: GABLES MORTGAGE & ASSOCIATES, INC.

Current Principal Place of Business:

300 SEVILLA AVE, STE 205
CORAL GABLES, FL 33143 US

New Principal Place of Business:

300 SEVILLA AVE
STE # 205
CORAL GABLES, FL 33143 US

Current Mailing Address:

300 SEVILLA AVE, STE 205
CORAL GABLES, FL 33143 US

New Mailing Address:

300 SEVILLA AVE
STE # 205
CORAL GABLES, FL 33143 US

FEI Number: 20-1310087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EGUSQUIZA, MIRIAM D
2903 SALZEDO STREET
SUITE 2B
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MIRIAM EGUSQUIZA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,S () Delete
Name: EGUSQUIZA, MIRIAM D
Address: 7121 SW 57 ST
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIRIAM EGUSQUIZA

P

11/10/2008

Electronic Signature of Signing Officer or Director

Date