


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000094896	
1. Entity Name GABLES REALTY & ASSOCIATES, INC.	

FILED
09 FEB -9 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 300 SEVILLA AVENUE, SUITE 208 CORAL GABLES, FL 33134	Mailing Address 7121 SW 57 ST. MIAMI, FL 33143
--	--

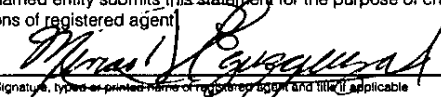


2. Principal Place of Business - No P.O. Box # 300 SEVILLA AVENUE	3. Mailing Address
Suite, Apt. #, etc. SUITE # 205	Suite, Apt. #, etc.
City & State CORAL GABLES	City & State
Zip 33134	Country MIAMI DADE

02052009	REIN-P	CR2E098 (1/07)
4. FEI Number 20-1277934	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		


6. Name and Address of Current Registered Agent EGUSQUIZA, MIRIAM 300 SEVILLA AVENUE, SUITE 208 CORAL GABLES, FL 33134	
--	--

7. Name and Address of New Registered Agent Name EGUSQUIZA, MIRIAM Street Address (P.O. Box Number is Not Acceptable) 300 SEVILLA AVE SUITE # 205 City CORAL GABLES FL Zip Code 33134	
--	--

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST EGUSQUIZA, MIRIAM 300 SEVILLA AVENUE, SUITE 208 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST EGUSQUIZA, MIRIAM 300 SEVILLA AVE, SUITE 205 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400143175784 02/09/09--01046--011 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	Date 2/6/09 Daytime Phone # 305-774-6663