

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000059369

FILED
Nov 12, 2009
Secretary of State

Entity Name: CORAL GABLES GALLERIES INC.

Current Principal Place of Business:

2599 NW 92ND AVE
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

5700 COLLINS AVE
MIAMI BEACH, FL 33140 US

Current Mailing Address:

2599 NW 92ND AVE
CORAL SPRINGS, FL 33065 US

New Mailing Address:

293 MIRACLE MILE
CORAL GABLES, FL 33140

FEI Number: 26-2958406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: MIKE MILES

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: DIR () Delete
Name: CASTRO, SILVIA
Address: 5700 COLLINS AVE APT 6K
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: DIR () Delete
Name: ROBERTS, LESLIE III
Address: 2599 NW 92ND AVE
City-St-Zip: CORAL SPRINGS, FL 33065 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: MILES, MIKE
Address: 5700 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MR (X) Change () Addition
Name: LES ROBERTS
Address: 5959 COLLINS AVE APT 908
City-St-Zip: MIAMI BEACH, FL 33140 US

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: MIKE MILES

Electronic Signature of Signing Officer or Director

DIR

11/12/2009

Date