2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2009
Secretary of State

DOCUMENT# P08000105587

Entity Name: GABLES REAL ESTATE HOLDINGS INC.

Current Principal Place of Business:

2100 PONCE DE LEON BLVD.
1045
CORAL GABLES, 33134 US

New Principal Place of Business:

2100 PONCE DE LEON BLVD.
1045
CORAL GABLES, FL 33134 US

Current Mailing Address:

2100 PONCE DE LEON BLVD.
1045
CORAL GQABLES, 33134

New Mailing Address:

2100 PONCE DE LEON BLVD.
1045
CORAL GABLES, FL 33134 US

FEI Number: 80-0320632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FONTES, JOAO D
16465 SW 67 TERR.
MIAMI, FL 33193 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: JOAO D. FONTES
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 ( ) Delete
Name: FONTES, JOAO D
Address: 16465 SW 67 TERR.
City-St-Zip: MIAMI, FL 33193 US

Title: VP ( ) Delete
Name: FONTES, JOAO D
Address: 16465 SW 67 TER.
City-St-Zip: MIAMI, FL 33193 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOAO D. FONTES P 10/08/2009
Electronic Signature of Signing Officer or Director Date