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FILED
03 JUL 30 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000022206

1. Corporation Name

GABLES/KOVENS, INC.

REINSTATEMENT 01-03

2. Principal Office Address	3. Mailing Office Address
10 Edgewater Drive	10 Edgewater Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/23/1994

5. FEI Number: 650504619 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: David Shear

Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Boulevard

Suite, Apt. #, Etc.: Suite 2100

City: Coral Gables State: FL Zip Code: 33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: David Shear Date: 7/30/03

REGISTERED AGENT MUST SIGN

CR2E041 (6/02)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Marc Kovens	10 Edgewater Drive	Coral Gables, FL 33133

10. I certify that I am an officer or director of the corporation 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: M K Marc Kovens 7/30/03 305-740-9111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FIELDSTONE LESTER SHEAR & DENBERG
Account Number : I19990000180
Phone : (305)357-5775
Fax Number : (305)357-5534

CORPORATION REINSTATEMENT

GABLES/KOVENS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,050.00