


11/9/04 01662 001 \* 700.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 24 AM 8:00

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

REINSTATEMENT 04  
MRD

DOCUMENT # P 94 0000 24596

1. Corporation Name  
GABLES CONNECTION Corporation

2. Principal Office Address  
9915 NW 116 Way  
Suite, Apt. #, etc.

3. Mailing Office Address  
8948 SW 40st  
Suite, Apt. #, etc.

City & State  
MEDLEY, FL

City & State  
MIAMI, FL

Zip  
33178-1101  
Country  
DADE

Zip  
33165  
Country  
DADE

4. Date Incorporated or Qualified To Do Business in Florida  
03/31/1994

5. FEI Number  
62-0479283

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name  
ROTH LEONARDO A.

Street Address (P.O. Box Number is Not Acceptable)  
HOLLYWOOD BL 360

Suite, Apt. #, Etc.  
360

City  
HOLLYWOOD

State  
FL

Zip Code  
33021

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent  
[Signature]

Date  
11-19-04

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DELLA PENNA, PIETRO A.	9915 NW 116 Way MEDLEY, FL 33178	MEDLEY, FL 33178

800043001278  
11/24/04--01050--001 \*\*50.00

10. I certify that I am an officer or director 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)(f), 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
11/19/04

Daytime Phone #  
305 551 4884

CREATED (6/7/04)