

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000059895

1. Entity Name
LA ISLA STABLE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 PM 12:49

Principal Place of Business
POST OFFICE BOX 197
LOWELL, FL 32663

Mailing Address
19495 BISC BLVD
SUITE 805
AVENTURA, FL 33180

REINSTATEMENT 05-06



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262006 REIN-P CR2E098 (11/05)

4. FEI Number
65-0520061

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAINBERG, SALOMON
2121 PONCE DE LEON BLVD
1100
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name ALAN KIRZNER
Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD
1100
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE VPS ☒ Delete
NAME VEALE, WILLIAM J
STREET ADDRESS 19495 BISC BLVD SUITE 805
CITY-ST-ZIP AVENTURA, FL 33020

TITLE DPT ☐ Delete
NAME MASSIE, ANDREW G
STREET ADDRESS C/O 19495 BISC BLVD STE 805
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Deputy Secretary ☐ Change ☒ Addition
NAME Deborah BENACHEN HOW
STREET ADDRESS 19495 BISC BLVD # 805
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-06 305-935-2100