

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 14 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000008532

1. Corporation Name

GABLES EXECUTIVE REALTY INC.

Principal Place of Business

1/ 2355 SALZEDO STREET, SUITE 301
CORAL GABLES FL 33134

Mailing Address

1/ 2355 SALZEDO STREET, SUITE 301
CORAL GABLES FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

REINSTATEMENT *96*

4. Date Incorporated or Qualified To Do Business in Florida

01/26/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0553372

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>R</i>	LOSADA, CARLOS	1005 PONCE DE LEON BLVD.	CORAL GABLES FL 33134
<i>P/V/S</i>		2355 SALZEDO ST #301	

700002009377--2
-11/20/96--01027--002
***375.00 ***375.00

B11-18-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOSADA, CARLOS
2355 SALZEDO STREET, SUITE 301
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Carlos Losada
SIGNATURE REQUIRED

Date *10/29/96*

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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)(l), 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:

Carlos Losada
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/96
Date
305-446-9191
Daytime Phone #

CR20240 (7/95)