

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -4 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000037016**

1. Corporation Name

THE GABLES GROUP, INC.

2. Principal Office Address

2155 N.W. 162 PL

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33172

Country

USA

3. Mailing Office Address

1172 S. DIXIE HWY

Suite, Apt. #, etc.

521

City & State

CORAL GABLES

Zip

33146

Country

MIAMI-DADE

500029865085

03/04/04--01016--030 **1508.75

REINSTATEMENT 99.04

4. Date Incorporated or Qualified
To Do Business in Florida

5/10/95

5. FEI Number

65-0635488

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RAOUL G. CANTERO

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

1172 S. DIXIE HWY

Suite, Apt. #, Etc.

521

City

CORAL GABLES

State

FL

Zip Code

33146

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **2/20/04**

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
Dir	JORGE FOCH	1172 S. DIXIE HWY	CORAL GABLES, FL 33146
Dir	RAOUL G. CANTERO	1172 S. DIXIE HWY	CORAL GABLES, FL 33146
Dir	ED MANDELBAUM	1172 S. DIXIE HWY	CORAL GABLES, FL 33146

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)(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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04 (35) 528-9959

Date

Daytime Phone #

CR2E081 (01/04)