PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#	P9:	50(00	06	320	7	0
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1. Corporation Name

GABLES CREDIT SERVICES, INC.

Principal Place of Business

Mailing Address

11890 SW 8TH ST

11890 SW 8TH ST

#303

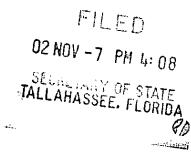
#303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIAMI FL 33184

SIGNATURE:

MIAMI FL 33184





If above a	addresses are	incorrect in any way line t	hrough incorrect i	nformation a	nd enter	correction below		192		"IA A T	
		.,	ailing Office Address, If Applicable			4.	Date Incorporated or Qualified To Do Business in Florida 08/09/1995				
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #	, etc.				FEI Numbe	W		·
City & State	e		City & State					FEI NUING	65-0779196		Applied For Not Applicable
Zip		Country	Zip		Countr	у	6.	CERTIFICAT	E OF STATUS DESIRED	S8.75 A for a	Additional Fee required Certificate of Status
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	orida nonprof	it corpora	itions must list at	least 3 c	directors)			
Title(s)	2	Name of Officers and/or Directors	-	3		eet Address of E licer and/or Direc			4	City / State /	[/] Zip
PVST	HERNANDI	ez, rolando		11890 S\	N 8TH S	ST., STE 303			MIAMI FL 33184		
PVST HERNANDEZ, ROLANDO			11890 SW 8TH ST., STE 303				MIAMI FL 33184				
											
			77.0					20 11/07/	000007 1 \$2010800	393 ; 10 **;	≥ 750.00
			· · · · · · · · · · · · · · · · · · ·								
						y	Rul	lu			
	8. Nam	e and Address of Curren	Registered Age	nt		<u> </u>	9. 1	Name and	Address of New Regis	tered Ager	nt
					_	Name				neito Ago.	
HERNA	NDEZ, ROL	ANDO									
11890	SW 8TH ST			ì		Street Address	s (P.Q. B	ox Number	is Not Acceptable)		
#303			/	1		Suite, Apt. #, E	Etc.			-	
MIAMI	FL 33184	1	/	1							
						City				State Zi	p Code
10. I, being	appointed the	registered agent of the a	ove named corpo	ation, am fa	miliar wit	th and accept the	obligation	ons of Secti	ion 607.0505, F.S. or 6	17.0505, F.	S.
Signature of Registered /		SIGNA	EASTERED AG	ENTWUS	SIGN	/RED			Date	04	02
owed by	statement apply the corporation of the corporation	fficer or director or the rec lication, the reason for diss on have been paid and the ue and accurate, and my s	olution has been names of individu	eliminated, t uals listed or	he carpo this forn	rate name satisfi n do not qualify f	es the re- or an exe	quirements emption und	of section 607 0401 or	617 0401 F	FS that all fees