

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 10:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000007983

1. Corporation Name

GABLES C.T. SERVICES, INC.

Principal Place of Business

~~7408 S.W. 48 STREET
MIAMI FL 33155~~

Mailing Address

~~7408 S.W. 48 STREET
MIAMI FL 33155~~

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

2. New Principal Office Address, If Applicable

~~7101 SW 99 AVE~~

Suite, Apt. #, etc.

~~106~~

City & State
~~MIAMI, FL~~

Zip
~~33173~~

Country
~~USA~~

3. New Mailing Office Address, If Applicable

~~7101 SW 99 AVE~~

Suite, Apt. #, etc.

~~106~~

City & State
~~MIAMI, FL~~

Zip
~~33173~~

Country
~~USA~~

REINSTATEMENT 03



300024504083

11/07/03--01021--007 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/1996

5. FEI Number

65-0663555

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FERNANDEZ, JUAN M	7408 S.W. 48 STREET 7101 SW 99 AVE #106	MIAMI FL 33155 MIAMI, FL 33173
STD	TORRES, JUAN	7408 S.W. 48 STREET 7101 SW 99 AVE #106	MIAMI FL 33155 MIAMI, FL 33173

8. Name and Address of Current Registered Agent

TORRES, JUAN

~~7408 S.W. 48 STREET~~

~~MIAMI FL 33155~~

9. Name and Address of New Registered Agent

Name

JUAN TORRES

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

~~7101 SW 99 AVE~~

Suite, Apt. #, Etc.

~~106~~

City

MIAMI

State

FL

Zip Code

33173

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE OF REGISTERED AGENT
REGISTERED AGENT MUST SIGN

Date

11/3/03

11. 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:

Juan Torres, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/03

Date

305 5969992

Daytime Phone #

CR2E040 (7/03)