

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JAN -5 PM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5-3-04 91071-002 #15000

600062776636  
01/05/06--01033--001 \*\*300.00

CR2E081 (12/05)

DOCUMENT # P96000025716

1. Corporation Name

GABLES FLOORING

2. Principal Office Address

8747 S.W. 134 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

8747 S.W. 134 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33176

Country

U.S.A.

City & State

MIAMI, FL.

Zip

33176

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

Mar. 22, 1996

5. FEI Number

65-0651925

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

ALINA CABEZAS

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

8747 S.W. 134 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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

*A. Cabezas*

Date 01-03-06

REGISTERED AGENT MUST SIGN

**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
PR	ROLANDO L. CABEZAS	8747 S.W. 134 ST.	MIAMI, FL. 33176
SEC	ALINA CABEZAS	8747 S.W. 134 ST.	MIAMI, FL. 33176

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 contained in Chapter 119, 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: ROLANDO L. CABEZAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-03-06 305-234-8384



**GABLES FLOORING**  
TILE • NATURAL STONE  
TERRACOTTA • MARBLE • GRANITE

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Jan. 03, 2006

Dear Sir or Mam

I Spoke to someone in your office and was told to wright this letter, to have the penalties removed, for your data base that a check for \$ 150.00 was recieved and cashed; But I was never contacted. I'am forwarding a check for Three Hundred Dollars. To reinstate my corporation my accountant has cancer and he never filed my annual report.

Best Regards.

  
Rolando L. Cabezas