

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB -5 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000105655

1. Corporation Name

GABLES DESIGN CENTRE PROPERTIES, INC.

Principal Place of Business

Mailing Address

~~4420 PONCE DE LEON BLVD.~~
CORAL GABLES FL 33146

~~4420 PONCE DE LEON BLVD.~~
CORAL GABLES FL 33146

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

2. New Principal Office Address, If Applicable

4119 PONCE DE LEON BLVD.

3. New Mailing Office Address, If Applicable

4119 PONCE DE LEON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33146

Country

Zip

33146

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1997

SP

5. FEI Number

65-0801122

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
P	RODRIGUEZ, JOSE A	9351 SW 118 PLACE	MIAMI FL 33186
VP	RODRIGUEZ, REMBERTO S	10425 SW 79TH PL	MIAMI FL 33156

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02/13/01-01108-001

****900.00 ****900.00

8. Name and Address of Current Registered Agent

QUESADA, G F
1313 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 1-30-01

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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-01

Date

305-448-8500

Daytime Phone #

CR2E040 (8/00)