

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

hpc

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 21 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000106858**

1. Corporation Name

**JAMES GABRIEL COMPANY, INC.**

Principal Place of Business

8500 SW 120TH STREET  
MIAMI FL 33156

Mailing Address

8500 SW 120TH STREET  
MIAMI FL 33156



REINSTATEMENT

03

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/19/1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0801437	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDVP S	BLOM, RICHARD	8500 SW 120TH STREET	MIAMI FL 33156
<del>S</del>	<del>BLOM, JAN G</del>	<del>8500 SW 120 STREET</del>	<del>MIAMI FL 33156</del>

508023965835  
10/21/03--01040--027 \*\*150.00

8. Name and Address of Current Registered Agent

BLOM, RICHARD  
8500 SW 120 ST  
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 14 Oct 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

14 Oct 03  
305-253-7334

Daytime Phone #

CR2E040 (7/03)

2012

**James Gabriel Company, Inc.**  
8500 SW 120 ST.  
MIAMI, FL 33156

**EMAIL YVONNE1112@aol.com**  
Tel 305-253 7334  
Fax 305-253-1932

Date: 14-Oct 03

TO: Fla Dept of State- Corporation Reinstatement Section

We did not receive any 2003 URB Filing applications this year. We only received an "application for reinstatement" last week. Accordingly, please find enclosed the completed reinstatement application and a check for \$150.00 covering the 2003 filing fee.

Thank you,



**Richard Blom**  
Pres.