2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000086022

Entity Name: GABLES BANQUET HALL, INC.

FILED Oct 21, 2005 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|--|---------------------------------------|---|--|--|
| 7360 COR | • | or Business. | new i interput i tuoc | or Business. | |
| 19 | | | | | |
| MIAMI, FL | 33155 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 7360 COR | AL WAY | | | | |
| 19 MIAMI, FL | 33155 | | | | |
| FEI Number | : 65-0867288 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of C | urrent Registered Agent: | Name and Address of | of New Registered Agent: | |
| SOTO, MA 13045 SW MIAMI, FL | 68 ST #110 | | | | |
| | e named entity s e of Florida. | submits this statement for the p | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUI | RE: MARLEN | SOTO | | | |
| | | ic Signature of Registered Age | ent | Date | |
| | | 3(2)(b), F.S., the corporation did no | at receive the prior notice. | | |
| Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | |
| Title: Name: Address: City-St-Zip: | PD () SOTO, MARLEN 13045 SW 68 S MIAMI, FL 3318 | T #110 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VPD () ALVAREZ, JOSI 13045 SW 68 S MIAMI, FL 3318 | T #208 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SD () SOTO, GENARO 17221 SW 142 MIAMI, FL 3317 | ст | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TD () ALVAREZ, MAY 13045 SW 68 S MIAMI, FL 3318 | T #204 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () ANDRES, MESA 13045 SW 68TH MIAMI, FL 3318 | ST APT 110 | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLEN SOTO PD 10/21/2005