

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 DEC 29 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600044536626

01/11/05--01048--002 **150.00

REINSTATEMENT

04

MRD

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000063053

1. Corporation Name

Gables Wireless, Inc.

2. Principal Office Address

2205 Ponce de Leon

Suite, Apt. #, etc.

3. Mailing Office Address

2205 Ponce de Leon Blvd

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

USA

City & State

Coral Gables, FL

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/99

5. FBI Number

65-0935987

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE INSTRUCTIONS FOR FILING

7. Name and Address of Current Registered Agent

Name

Carlo F Rodriguez

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

2205 Ponce de Leon Blvd

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-28-04

9. Name and Street Address 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
PSD	Elizabeth Rodriguez	2205 Ponce de Leon	Coral Gables, FL 33134
UTD	Carlo Rodriguez	2205 Ponce de Leon	Coral Gables, FL 33134

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapters 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 119.072(5)(b), F.S. The information indicated on this application is true and accurate and no statement shall have any legal effect as if made under oath.

SIGNATURE:

[Signature]

SEE INSTRUCTIONS FOR FILING

12-24-04 3057760839

Date

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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR 2004 FROM YOUR OFFICE TO PAY THE UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



CARLOS RODRIGUEZ
VICE-PRESIDENT