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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 DEC 29 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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  
State, Apt. #, etc.

3. Mailing Office Address  
2205 Ponce de Leon Blvd  
Suite, Apt. #, etc.

City & State  
Coral Gables, FL

City & State  
Coral Gables, FL

Zip Country  
33134 USA

Zip Country  
33134 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

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

State, 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 


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)

Title	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 reasons 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(3), F.S. The information indicated on this application is true and accurate and our signatures shall have full legal effect as if made under oath.

SIGNATURE: 

DATE: 12-29-04 3057760839

DATE TYPED ON PRINSED NAME OF SIGNING OFFICER OR DIRECTOR

202

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

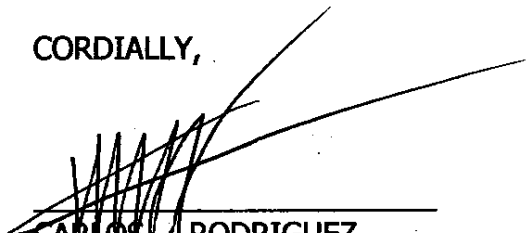
TO WHOM IT MAY CONCERN:

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