


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000078449			
1. Entity Name <b>GABI SERVICES CORP.</b>			
Principal Place of Business <b>5631 N.W. 187 ST. MIAMI, FL 33055</b>		Mailing Address <b>PO BOX 4424 HIALEAH, FL 33014</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
09 JUN 25 AM 4: 54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4. FEI Number <b>65-0946764</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GUEVARA, JUDITH</b> 5631 NW 187 ST MIAMI, FL 33055		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Judith Guevara</i>		DATE: <b>06/23/09</b>	

**FILE NOW!!! FEE IS \$300.00**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DPST <input type="checkbox"/> Delete <b>GUEVARA, JUDITH</b> 5631 N.W. 187 ST. MIAMI, FL 33055	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;">800157774388</div> 06/25/09--01004--023 <b>**300.00</b>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP <input type="checkbox"/> Delete <b>DEPAZ, FRANSISCO M</b> 5631 N.W. 187 ST. MIAMI, FL 33055	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Judith Guevara*
Date: **06/23/09**
Daytime Phone #: **305)677-8238**