

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 JUL 13 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000092440

**1. Corporation Name**

GABAY & SILBERSTEIN DEVELOPMENT, INC.

**2. Principal Office Address**

700 S. Federal Hwy

Suite, Apt. #, etc.

Suite - 200

City & State

BOCA RATON, FL

Zip

33432

Country

USA

**3. Mailing Office Address**

700 S. Federal Hwy.

Suite, Apt. #, etc.

Suite 200-SZG

City & State

Boca Raton, FL

Zip

33432

Country

USA

**REINSTATEMENT 00-01**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0961598

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Steven Garellek

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

700 S. Federal Hwy., Suite 200

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date July 5, 2001

**9. Names and Street Addresses 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

P

Gabay, Leon

700 S. Federal Hwy + 200

BOCA RATON, FL 33432

ST

Silberstein, Jeffrey

524 NE 2nd St.

Deer Beach, FL 33483

454.38-Adm

300004488533-0

61.25-AR

8.75-CERT

88.75-AR SUPP

296.62-Adm

454.37

some tracking  
#7

\*\*\*\*454.37 \*\*\*\*454.37

**10. 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:**

Gabay, Leon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/7/01

561-393.5660

Daytime Phone #

CR2E081 (8/00)