FOR			ORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		E	prox P. B post fills		
	JMENT # J492	B1				99 MAY 20 TAL 141	· ·	
/GPI,	INC.				1,	Marian Carlotta	ĺΒ̈́Α	
Principal Place of Business Mailing Address				· · · · · · · · · · · · · · · · · · ·				
			6800 SILVER STAR ROAD ORLANDO FL 32818		1			
				ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 12/29/1986		
Suite, Apt. #, etc.			City & State		5. FEI Nun	5. FEI Number Applied For S9-2744534 Not Applied For		
ip	Country	Zip		Country	6.	\$	Not Applicable 3.75 Additional Fee required	
			(54.)		_!	CATE OF STATUS DESIRED []	for a Certificate of Status	
	and Street Addresses of Each Officer at Name of Officers	id/or Director	(Fiorida nonprot	Street Address of Ea	ıch		State - 7-m	
Title(s)	and/or Directors 2		Officer and/or Director 3 (Do NOT Use Post Office Box N 6800 SILVER STAR ROAD		or Numbers) 4 ORLANDO FL			
ANTHONY, CHRISTOS								
		REIN:	STATE	MENT 9	8-40	7 3		
-					-			
						100002892	01033005	
						****900.00		
·····	8. Name and Address of Curre	nt Registered	Agent	Name	9. Name a	nd Address of New Registered	Age it	
ANTHONY, CHRISTOS 6800 SILVER STAT ROAD ORLANDO FL 32818				Street Address	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
				Suite, Apt. #, E				
				City			te Z p Code	
0. I, being	appointed the registered agent of the a	bove named c	orporation, am f	amiliar with and accept the	obligations of S	,	<u> </u>	
ignature d legistered	Agent Chrly	REGISTERED	AGENT MUST	SIGN		Date 4-30-	-99	

12. 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:

SIGNATURE:

Date:

Date:

Date:

Daylin e Phone #