

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2009 NOV -3 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000162351370
10/30/09--01043--008 **377.50
CR2E081 (12/08)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L07000019690**

1. Corporation Name
GP CENTREPOINT, LLC

2. Principal Office Address - No P.O. Box # 20803 BISCAYNE BLVD		3. Mailing Office Address 20803 BISCAYNE BLVD	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State AVENTURA, FLORIDA		City & State AVENTURA, FLORIDA	
Zip 33180	Country USA	Zip 33180	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **02/21/2007**

5. FEI Number **59-2630083** 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
LILIANA RIBERO

Street Address (P.O. Box Number is Not Acceptable)
20803 BISCAYNE BLVD.

Suite, Apt. #, Etc.
200

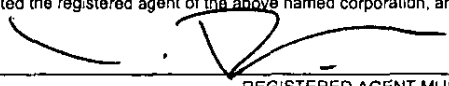
City
AVENTURA

State
FL

Zip Code
33180

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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  Date **10/28/2009**

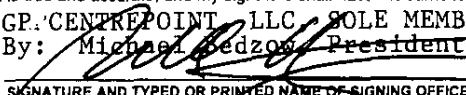
REGISTERED AGENT MUST SIGN

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
MGR	BISCAYNE PLACE, INC.	20803 BISCAYNE BLVD., #200	AVENTURA, FL 33180

REINSTATEMENT 08-09 AL

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 contained in Chapter 119, 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.

GP CENTREPOINT, LLC, SOLE MEMBER OF BISCAYNE PLACE, INC.
By:  President

SIGNATURE: _____ Date **10/28/2009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #