

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED  
98 DEC 10 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000000264

1. Corporation Name  
GPCRCGROUP, INC.

Principal Place of Business Mailing Address  
3330 RUM ROW 3330 RUM ROW  
NAPLES FL 34102 NAPLES FL 34102

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, if Applicable  
3560 W. MARKET ST.  
Suite, Apt. #, etc.  
SUITE 300  
City & State  
AKRON, OHIO  
Zip Country  
44333 USA

REINSTATEMENT 98

4. Date Incorporated or Qualified To Do Business in Florida  
01/16/1997

5. FEI Number  
93-1221902  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HAMLIN, R M	3560 W. MARKET ST., SUITE 300	AKRON OH 44333
V	VAN TIEM, JAMES D	3560 W. MARKET ST., SUITE 300	AKRON OH 44333
VT	GAUL, JAMES F	3560 W. MARKET ST., SUITE 300	AKRON OH 44333
S	STEINHAUER, JOHN S	159 S. MAIN ST., SUITE 530	AKRON OH 44308
D	HAMLIN, RICHARD M	3330 RUM ROW	NAPLES FL 34102

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name  
Street Address (P.O. Box Number is Not Acceptable)  
400002713424-2  
Suite, Apt. #, Etc.  
-12/15/98-01087-017  
\*\*\*750.00 \*\*\*750.00  
City  
State Zip Code  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent PETER F. SOUZA REGISTERED AGENT MUST SIGN  
Date 12/7/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

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)(j), 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: James F. Gaul REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 12/2/98  
Daytime Phone # 330-665-2900

CR2E040 (9/98)