

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 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F97000001240**

1. Corporation Name

**GPWARREN, INC.**

Principal Place of Business

3330 RUM ROW  
NAPLES FL 34102

Mailing Address

3330 RUM ROW  
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

Suite, Apt. #, etc.

City & State

Zip

Country

3560 W. MARKET ST

SUITE 300

AKRON, OHIO

44333

USA

**REINSTATEMENT** *OB*

4. Date Incorporated or Qualified  
To Do Business In Florida

03/11/1997

5. FEI Number

93-1188595

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)

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

5000002716475--0  
-12/18/98--01090--016  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

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)

Suite, Apt. #, Etc.

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

*Vicky Goldstein*

**REINSTATEMENT REQUIRED**

VICKY GOLDSTEIN

REGISTERED AGENT TALLAHASSEE ASSISTANT SECRETARY

Date

12/18/98

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)(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:

*James D. Van Tiem*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES D. VAN TIEM

12/4/98

Date

Daytime Phone #

330-  
665-2900