

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # NO1000005106

1. Corporation Name

GP MILE RUN COMMITTEE, INC.

2. Principal Office Address

901 South Federal Hwy

Suite, Apt. #, etc.

City & State

Hallandale Beach, FL

Zip

33009

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA500029937025
03/05/04--01012--002 **\$1.25
500029937025
03/05/04--01012--001 **\$245.004. Date Incorporated or Qualified
To Do Business in Florida

July 17, 2001

5. FEI Number

☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Betty Hiraga

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

901 South Federal Highway

Suite, Apt. #, Etc.

City

Hallandale Beach

State

FL

Zip Code

33009

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

1-7-04

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
Dir.	Scott Savin	901 South Federal Hwy	Hallandale Bch, FL 33009
Dir.	Douglas Donn	901 South Federal Hwy	Hallandale Bch, FL 33009
Dir.	Dennis Testa	901 South Federal Hwy	Hallandale Bch, FL 33009

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 807.0401 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-7-04

Daytime Phone #