2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000005285

LAMAR, LUIS

4360 NW 3RD PLACE

PLANTATION, FL 33317

Name:

Address:

City-St-Zip:

CARLINITERNATIONAL CORRORAT

FILED Nov 06, 2009 Secretary of State

Entity Nar	ne: GAPI INTERNATIONAL CORPORA	TION		
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	BRD PLACE ON, FL 33317			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	3RD PLACE ON, FL 33317	4360 NW 3RD PLACE PLANTATION, FL 33		
	65-0859689 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation d		Certificate of Status Desired (X)	
Name and	Address of Current Registered Agent	:: Name and Address of	of New Registered Agent:	
	JIS BRD PLACE ON, FL 33317 US			
	named entity submits this statement for te of Florida.	he purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE: LUIS LAMAR			
	Electronic Signature of Registered	Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD-S () Delete LAMAR, LUIS 4360 NW 3RD PLACE PLANTATION, FL 33317	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete VAZQUEZ, GILBERT 15247 SW 172 TERRACE MIAMI, FL 33187	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete MITRA, BAHADURSINGH 57 CATHARINE ST. POUGHKEEPSIE, NY 12601	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	PD-S () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LUIS LAMAR PD-S 11/06/2009