PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

14 SEP -3 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000077457

1. Corporation Name

GPS PROPERTIES, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7000 ISLAND BLVD	
Suite, Apt. #, etc.: #605	Suite, Apt. #, etc.
City & State: WILLIAMS ISLAND, FL	City & State
Zip: 33160 / County	Zip / County

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 9/16/2000

5. FEI Number: 65-1054305 — 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: GM FINANCIAL GROUP LIMITED INC.

Street Address (P.O. Box Number is Not Acceptable): 1499 W PALMETTO PARK RD

Suite, Apt. #, etc.: #130

City: BOCA RATON, — State: FL — Zip Code: 33486

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09/03/14--01014--004 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN — Date: 8/28/14

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
PRES VP	GEORGINA M DAY	INSURGENTES SUR 1216	MEXICO D.F. 03100MX
SEC T	PETER J DAY	INSURGENTES SUR 1216	MEXICO D.F. 03100MX

10. E-mail Address: PETERDAYB@HOTMAIL.COM
(To be used for future annual report notifications)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: _____ 28- Aug. 14

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

NW 93