2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000010931

Entity Name: GPA PROPERTIES, INC.

814 PONCE DE LEON BLVD

CORAL GABLES, FL 33134

Address: City-St-Zip:

FILED Oct 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 814 PONCE DE LEON BLVD 15061 SW 149 AVENUE MIAMI, FL 33196 310 CORAL GABLES, FL 33134 **New Mailing Address: Current Mailing Address:** 15061 SW 149 AVENUE 814 PONCE DE LEON BLVD MIAMI, FL 33196 CORAL GABLES, FL 33134 FEI Number: 65-1073781 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: GUMA, JOHANNA M P GUMA, JOHANNA M P 814 PÓNCE DE LEON BLVD 15061 SW 149 AVENUE 310 MIAMI, FL 33196 CORAL GABLES, FL 33134 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: JMGA 10/25/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GUMA, VIRGILIO Name: Name: 814 PONCE DE LEON BLVD Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: Title: () Delete () Change () Addition Name: GUMA-AGUIAR, JOHANNA M Name: 814 PONCE DE LEON BLVD Address: Address: CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition AGUIAR, FELIPE Name: Name:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

Ρ SIGNATURE: JMGA 10/25/2007