

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 FEB 19 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

000028014540
02/02/04--01058--015 **750.00
02/11/04 01018 007 \$150.00

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P02000050650</u> 1. Corporation Name GPIS Corporation			
2. Principal Office Address 2291 Water Street		3. Mailing Office Address 2291 Water Street	
Suite, Apt. #, etc. Ste. 3		Suite, Apt. #, etc. Ste. 3	
City & State Port Huron, MI		City & State Port Huron, MI	
Zip 48060	Country USA	Zip 48060	Country USA

4. Date incorporated or Qualified To Do Business in Florida 5/2/2003	
5. FEI Number 11-3644917	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Richard T. Avis	
Street Address (P.O. Box Number is Not Acceptable) 1325 Snell Isle Blvd. NE	
Suite, Apt. #, Etc. Ste. 205C	
City St. Petersburg	State FL
	Zip Code 33704

8. I, being appointed the Registered Agent for the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 1/27/04
 REGISTERED AGENT MUST SIGN

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
P	Ralph F. Brislin	1440 Snow Rd., Ste. 109	Cleveland, OH 44134
VP	Jeffery J. DiGiuseppe	2291 Water Street, Ste. 3	Port Huron, MI 48060
S/T	Jack V. DiGiuseppe	2291 Water Street, Ste. 3	Port Huron, MI 48060

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 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 [Signature] Jack V. DiGiuseppe January 26, 2004 810-987-5332
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 10/04