

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000089332

Entity Name: GAPCRI INCORPORATED

FILED  
Oct 25, 2007  
Secretary of State

## Current Principal Place of Business:

23110 STATE ROAD 54  
227  
LUTZ, FL 33549

## New Principal Place of Business:

## Current Mailing Address:

18331 PINES BLVD  
226  
PEMBROKE PINES, FL 33029

## New Mailing Address:

FEI Number: 27-0027090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALAZAR, CRISTINA  
23110 STATE ROAD 54  
227  
LUTZ, FL 33549 US

## Name and Address of New Registered Agent:

ABAD, GABRIELA  
23110 STATE ROAD 54  
227  
LUTZ, FL 33549 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: GABRIELA ABAD

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:

Title: D ( ) Delete  
Name: SALAZAR, CRISTINA  
Address: 23110 STATE ROAD 54  
City-St-Zip: LUTZ, FL 33549

Title: D (X) Delete  
Name: SALAZAR, GABRIELA  
Address: 23110 STATE ROAD 54  
City-St-Zip: LUTZ, FL 33549

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ABAD, GABRIELA  
Address: 23110 STATE ROAD 54  
City-St-Zip: LUTZ, FL 33549

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: GABRIELA ABAD

D

10/25/2007

Electronic Signature of Signing Officer or Director

Date