

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 SEP -6 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 902000091037

1. Corporation Name

GPGAI, INC.

2. Principal Office Address - No P.O. Box #

1508 REDONDO WAY

Suite, Apt. #, etc.

3. Mailing Office Address

290 MASTER ST

Suite, Apt. #, etc.

City & State

LUDY LAKE FL

Zip

32159

Country

USA

City & State

POTTSTOWN PA

Zip

19464

Country

USA

REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida

8/21/2002

5. FEI Number

02-0638864

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$1.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sandra Hall

Street Address (P.O. Box Number is Not Acceptable)

2101 Chelsea Manor Blvd

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33510

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Signature of
Registered Agent

Sandra Hall

Date 8/21/07

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.	GREGORY O SOBOL	290 MASTER ST.	POTTSTOWN PA 19464
-			

000106629220
07/24/07-01031-019 **450.00

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 contained in Chapter 119, 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 of Gregory O Sobol 7/17/07 6109707298

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #