

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000101702

1. Corporation Name

G P M INVESTMENT, INC

2. Principal Office Address

343 sw 183 terrace

Suite, Apt. #, etc.

City & State

pembroke pines, florida

Zip

33029

Country

usa

3. Mailing Office Address

343 sw 183 terrace

Suite, Apt. #, etc.

City & State

pembroke pines, florida

Zip

33029

Country

usa.

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/2002

5. FEI Number

56-2293087

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

Moyano, Jaime

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

13041 sw 183 terrace

Suite, Apt. #, Etc.

City

pembroke pines

State

FL

Zip Code

33028

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

Jaime Moyano

REGISTERED AGENT MUST SIGN

Date 11/20/2003

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
PD	Gomez, jose rafael	411 queensbridge rd	Lake Mary, florida, 32746
VD	Porrello, elizabeth M	343 sw 183 terrace	Pembroke Pines, florida, 33029
SD	Moyano, jaime	13041 nw 1 st	Pembroke pines, florida, 33028

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:

Elizabeth Porrello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH PORRELO

Date

11/20/2003

Daytime Phone #

954-5388696

CR2E081 (10/02)