PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY 30 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000038405

1. Corporation Name
GPN. Inc.
~~W06000018470~~

REINSTATEMENT 04-06
CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
6431 Concord Way	6431 Concord Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, FL	City & State: Pensacola, FL
Zip: 32504 Country: Escambia	Zip: 32504 Country: Escambia

4. Date Incorporated or Qualified To Do Business in Florida: April 7, 2003

5. FEI Number: ___ Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Rev. Delsia Kaye White

Street Address (P.O. Box Number is Not Acceptable): 8135 Jarma Drive

200075972782
06/08/06--01008--009 **450.00

Suite, Apt. #, Etc.:

City: Milton State: FL Zip Code: 32583

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Rev. D. Kaye White Date: 4/12/06
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
Pres.	Nathan P. Dixon	6434 Concord Way	Pensacola, FL 32504
VP	Candace T. Walker	6434 Concord Way	Pensacola, FL 32504
S/T	Pamela R. Holmes	6431 Concord Way	Pensacola, FL 32504

$610 REINSTATEMENT 04-06

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: _____ 4/12/06 516-0617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #