

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 JUL 8 PM 3:37

DOCUMENT # P04000021082

1. Corporation Name

**GBP Realty Associates, Inc**

700262050247  
07/08/14--01002--001 \*\*635.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
20445 Biscayne Blvd		20445 Biscayne Blvd	
Suite, Apt. #, etc. H8		Suite, Apt. #, etc. H8	
City & State Aventura, FL		City & State Aventura, FL	
Zip 33180	Country USA	Zip 33180	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/28/2004	
5. FEI Number 20-0619713	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 George Perez		
Street Address (P.O. Box Number is Not Acceptable) 20445 Biscayne Blvd		
Suite, Apt. #, Etc. H8		
City Aventura	State FL	Zip Code 33180

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

Date 07/01/2014

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
D	George Perez	20155 NE 28th Ct 503	Aventura, FL 33180
D	Brooke Soffer	256 Bal Bay Dr	Bal Harbour, FL 33154
D	Seth Kaufman	3149 NE 212 St	Aventura, FL 33180

10. E-mail Address: jolinebolick@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/2014

305-935-0300

Date

Daytime Phone