

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000062405

FILED  
Oct 13, 2010  
Secretary of State

Entity Name: GP TEXTRON, INC.

**Current Principal Place of Business:**

2655 LE JEUNE ROAD, SUITE 804  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

354 SEVILLA AVE  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

2655 LE JEUNE ROAD, SUITE 804  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

354 SEVILLA AVE  
CORAL GABLES, FL 33134 US

FEI Number: 26-0312426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TORRENTS, JORDI R  
2655 LE JEUNE ROAD, SUITE 804  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

ORTIZ, ALEX  
354 SEVILLA AVE  
CORAL GABLES, FL 33134 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: ALEX ORTIZ

10/13/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: LASCORZ, MARTIN  
Address: GIRONA 34, 08402 GRANOLLERS  
City-St-Zip: BARCELONA, SPAIN,

Title: VP  
Name: LASCORZ, JUAN CARLOS  
Address: GIRONA 34, 08402 GRANOLLERS  
City-St-Zip: BARCELONA, SPAIN,

Title: T  
Name: PLAZA, ANTONIO  
Address: GRIONA 34, 08402 GRANOLLERS  
City-St-Zip: BARCELONA, SPAIN,

Title: D  
Name: TORRENTS, JORDI R  
Address: 2655 LE JEUNE ROAD, SUITE 804  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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 all other like empowered.

SIGNATURE: MARTIN LASCORZ

PS

10/13/2010

Electronic Signature of Signing Officer or Director

Date