

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000061017**

1. Corporation Name

**GPA, COMPUTER GRAPHICS, INC.**

Principal Place of Business

**1032 RAINTREE DR  
PALM BEACH GARDENS FL 33410**

Mailing Address

**P O BOX 30882  
PALM BEACH GARDENS FL 33420-0882**

FILED  
97 APR 17 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 96+97**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**4033 DORADO DR**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/08/1995**

**mob**

Suite, Apt. #, etc.

City & State

**PALM BEACH GARDENS, FL**

City & State

Zip **33418**

Country **P.BEACH**

Zip

Country

5. FEI Number

**65-0382630**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<b>PRES.</b>	<b>GARY W. COOPER</b>	<b>4033 DORADO DR.</b>	<b>P.B. Gdns, FL 33418</b>

**700002149807--9  
-04/21/97--01168--006  
\*\*\*915.00 \*\*\*915.00**

8. Name and Address of Current Registered Agent

**COOPER, GARY W  
1032 RAINTREE DR  
PALM BEACH GARDENS FL 33410**

9. Name and Address of New Registered Agent

Name

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

**4033 DORADO DR**

Suite, Apt. #, Etc.

City

**PALM BEACH GARDENS**

State

Zip Code

**FL**

**33418**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**Gary W. Cooper**  
REGISTERED AGENT MUST SIGN

Date

**4-8-97**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

**GARY W. COOPER**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-8-97**

Daytime Phone #

**561-848-8831**