PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 AUG -7 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000044111

1. Corporation Name
G.D.P. INVESTMENTS, INC.

2. Principal Office Address	3. Mailing Office Address
891 Harbor Drive	c/o ARMANDO LACASA
Suite, Apt. #, etc.	Suite, Apt. #, etc. 701 BRICKELL AVE., #1900
City & State: KEY BISCAYNE, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33149 Country:	Zip: 33131 Country:

REINSTATEMENT 00

4. Date Incorporated or Qualified To Do Business in Florida: 05/23/1996 SP

5. FEI Number: 65-0818453 ☐ 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: ARMANDO E. LACASA

200003362062--4
-08/18/00--01048--011
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 701 BRICKELL AVENUE

Suite, Apt. #, Etc.: SUITE 1900

City: MIAMI State: FL Zip Code: 33131

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: X _____ Date _____
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	PARKER, GENARO D.	891 HARBOR DRIVE	KEY BISCAYNE, FL 33149
D	CASTRO, FREDERICO	4995 NW 72 AVE., #3-400	MIAMI, FL 33166
VP	LACASA, ARMANDO	701 BRICKELL AVE., #1900	MIAMI, FL 33131

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: X _____ ARMANDO LACASA, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #