FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000044111

1. Corporate Name
G.D.P. Business, Inc. F/K/A G.D.P. Investments, Inc.

900222849489
02/23/12--01002--005 **1200.00

CR2E001 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
891 Harbor Drive	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key Biscayne, Florida	City & State
Zip: 33149 Country: U.S.A.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/21/1996

5. FEI Number: 650818453 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Genaro Delgado Parker

Street Address (P.O. Box Number is Not Acceptable): 891 Harbor Drive

Suite, Apt. #, Etc.

City: Key Biscayne State: FL Zip Code: 33149

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent _____ Date 01/30/2012
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,S	Genaro Delgado Parker	891 Harbor Drive	Key Biscayne, FL 33149
VP	Marcela Vanini	891 Harbor Drive	Key Biscayne, FL 33149
		REINSTATEMENT	09-12

10. E-mail Address: gdelpark@gmail.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the foreign corporation or authorized to execute this application as provided for in section 607.1501, F.S. I further certify that the 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 complete, 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: _____ 14-2-12
Signature and TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Telephone Number #

FEB 23 2012

T. LEWIS