

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000096215

1. Corporation Name

G.P.H. INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

20533 BISCAYNE BLVD. SUITE 4-235  
NORTH MIAMI BEACH FL 33180  
US

20533 BISCAYNE BLVD. SUITE 4-235  
NORTH MIAMI BEACH FL 33180  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/25/1996

5. FEI Number

65-0615833

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PS	LEVIN, SUZANNE	20533 BISCAYNE BOULEVARD, SUITE	NORTH MIAMI BEACH FL 33180

300003059273--4  
-12/02/99--01081--007  
\*\*\*\*158.00 \*\*\*\*158.00

11/25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PERLMAN, MARK  
1820 E HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 11/14/99

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., 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/99

Daytime Phone #

305-932-3774

CR2040 (8/99)

G.P.H. INTERNATIONAL, INC.  
20533 Biscayne Blvd. Suite 4-235  
North Miami Beach, FL. 33180

November 14, 1999

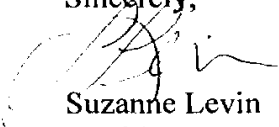
Department of State  
Division of Corporations  
Annual Report/ Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL. 32314-6327

To Whom It May Concern:

After recently speaking to someone from your department, I was advised to write you this letter. I am letting you know that I never received any notice to file for the 1999 corporation annual report. Enclosed you will find the first and only report that was received including a check for \$150.00. Please waive any additional fees.

I truly appreciate your efforts.

Sincerely,



Suzanne Levin  
President