

M99000000527

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Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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LIMITED LIABILITY REINSTATEMENT

GENESIS TECHNOLOGY PARTNERS, LLC

Certificate of Status	1
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DIVISION OF CORPORATIONS

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
DOCUMENT # M99000000527			
1. Limited Liability Company's Name Genesis Technology Partners, LLC			
<b>REINSTATEMENT 2002-2006</b>			
2. Principal Office Address 210 W. Arrow Highway Suite A San Dimas, CA 91773		3. Mailing Office Address 210 W. Arrow Highway Suite A San Dimas, CA 91773	
City & State		City & State	
Zip		Zip	
Country		Country	
U.S.		U.S.	
4. State/Country of Formation Nebraska			
5. Date Organized or Qualified To Do Business in Florida 4/5/1999			
6. FEZ Number 47-0914621		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DENIED <input checked="" type="checkbox"/>			

CR2E041 (4/05)

8. Name and Address of Current Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
City, Apt. #, etc. Plantation	
State FL	Zip Code 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of chapter 808, F.S.

Signature of Registered Agent: Cornie Ryan, Special Asst. Secy Date: 1/31/06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GTP Acquisition Co.	210 W. Arrow Hwy Suite A	San Dimas CA 91773

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 808, F.S. I further certify that when filing this reinstatement application the reasons for dissolution has been eliminated, the limited liability company meets the requirements of section 808.005, F.S., and that all fees owed by the limited liability company have been paid. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager By: Dean DeVore Date: 1/31/06 Daytime Phone: (909) 305-8663

Typed or printed name of signing Managing Member/Manager: GTP Acquisition Co., by Dean DeVore, CFO & Secretary