2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 02, 2011
Secretary of State

DOCUMENT# F08000000056

Entity Name: GENEWIZE LIFE SCIENCES, INC.

Current Principal Place of Business:

317 WEKIVA SPRINGS ROAD, #200
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

317 WEKIVA SPRINGS ROAD, #200
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 26-1594733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GENELINK, INC
317 WEKIVA SPRINGS ROAD, #200
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JULIE ROBINSON

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C
Name: KASTEN, BERNARD L JR
Address: 317 WEKIVA SPRING ROAD, #200
City-St-Zip: LONGWOOD, FL 32779

Title: P
Name: TAHANEY, SHARON M
Address: 317 WEKIVA SPRINGS ROAD, #200
City-St-Zip: LONGWOOD, FL 32779

Title: DST
Name: RICCIARDI, ROBERT P DR
Address: 317 WEKIVA SPRINGS ROAD, #200
City-St-Zip: LONGWOOD, FL 32779

Title: D
Name: BOYLE, DOUGLAS
Address: 317 WEKIVA SPRINGS ROAD, #200
City-St-Zip: LONGWOOD, FL 32779

Title: D
Name: MONTON, JAMES
Address: 317 WEKIVA SPRINGS ROAD, #200
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BERNARD KASTEN C 10/02/2011

Electronic Signature of Signing Officer or Director — Date