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CORPORATION REINSTATEMENT
COLOR GENOMICS, INC.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F15000005168

CR2E081 (11/10)

1. Corporation Name
Color Genomics, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1801 Murchison Dr.		1801 Murchison Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Ste 128		Ste 128	
City & State		City & State	
Burlingame, CA		Burlingame, CA	
Zip	Country	Zip	Country
94030	USA	94030	USA

4. Date Incorporated or Qualified To Do Business In Florida
08/02/2013

5. FEI Number
46-3353585 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City	State	Zip Code
PLANTATION	FL	33324

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: Naseem A. Conde — Naseem A. Conde, Special Assistant Secretary — Date: 1-30-17

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
Director	Elad Gil (Chairman of the Board)	1801 Murchison Dr, Ste 128	Burlingame , CA 94030
CEO	Othman Laraki (Secretary and Director)	1801 Murchison Dr, Ste 128	Burlingame , CA 94030
Director	Othman Laraki (President and Treasurer)	1801 Murchison Dr, Ste 128	Burlingame , CA 94030
Director	Susan L. Wagner (Director)	1801 Murchison Dr, Ste 128	Burlingame , CA 94030
Director	Hemant Taneja (Director)	1801 Murchison Dr, Ste 128	Burlingame , CA 94030

10. E-mail Address: AP@COLOR.COM
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, 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: _____ 1/30/2017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RE