PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT AG-2000

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

FILED
00 FEB -4 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #F98000000022

REINSTATEMENT AG-2000

1. Corporation Name
GENESIS SYSTEMS, INC

2. Principal Office Address	3. Mailing Office Address
14 E. THIRD ST	PO BOX 546
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEWISTOWN, PA	City & State: LEWISTOWN, PA
Zip: 17044 Country: USA	Zip: 17044 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/2/98

5. FEI Number: 23-2479678 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

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****900.00 ****00.00

Name: CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND ROAD
Suite, Apt. #, Etc.:
City: PLANTATION State: FL Zip Code: 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: Ann J Williams ANN J. WILLIAMS Assistant Vice President Date: 1/26/00
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
PRES	THOMAS L REESE	MAIN STREET [illegible], PA	EAST WATERFORD, PA 17021
TREAS	RICHARD J HUBER	1813 HUNTERS DRIVE	MECHANICSBURG, PA 17055
SECR	HELEN C FISHTER	1 E THIRD ST	LEWISTOWN, PA 17044

10. 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: Richard J Huber 1/24/2000 717-909-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #