

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION  
2002 UBR



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 23 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000003521

1. Corporation Name

CyGENE, INC.

2. Principal Office Address

7786 WILES ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

7786 WILES ROAD

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

Country

33067

BROWARD

City & State

CORAL SPRINGS, FL

Zip

Country

33067

BROWARD

4. Date Incorporated or Qualified  
To Do Business in Florida

OCT 1995

5. FEI Number

65-0923836

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

Name

MARTIN MUNZER

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

7786 WILES ROAD

Suite, Apt. #, Etc.

City

CORAL SPRINGS, FL

State  
FL

Zip Code

33067

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

*[Signature]*

Date 09 OCT 02

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
CS	RAMBERG, CAROL	7786 WILES ROAD	CORAL SPRINGS, FL 33067
DPT	MUNZER, MARTIN	" " "	" " "
O	RAMBERG, ELLIOT	" " "	" " "
O	BRENNAN, KEN	" " "	" " "
O	OSTE, CHRISTIAN	" " "	" " "
O	SELTZER, ED	" " "	" " "

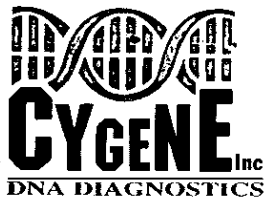
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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:

*[Signature]* MARTIN MUNZER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09 OCT 02 954-741-7077  
Date Daytime Phone #

CR2001 (9/01)



262  
7786 Wiles Road  
Coral Springs, Florida 33067  
Phone (954) 741-7077  
Fax (954) 741-7021  
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Devoted to the advance of DNA Analysis

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Tuesday October 22<sup>nd</sup>, 2002

Re: Waiver of Late Fee Request for Reinstatement

To Whom It May Concern:

Due to a change in our corporate offices, we did not receive the 2002 annual request for the URB or any notices. We therefore kindly request, that the late fees be waived and that the normal \$150 Annual Report and Corporate Supplemental Fee be accepted.

Our check #2298 in the amount of \$150 along with the completed Reinstatement form were sent to you on 09 OCT 02. Enclosed please find a copy of our previous correspondence along with the reinstatement form.

Thank you for your consideration of this matter.

Respectfully,

A handwritten signature in black ink, appearing to read "Martin Munzer".

Martin Munzer  
President & CEO

Enclosure: