


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION REINSTATEMENT



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

FILED
 02 FEB -1 AM 10:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **K 25617**

1. Corporation Name
GENDEV CORPORATION

2. Principal Office Address 19003 Cour Estates Suite, Apt. #, etc.		3. Mailing Office Address 19003 Cour Estates Suite, Apt. #, etc.	
City & State Lutz, Florida		City & State Lutz, Florida	
Zip 33558	Country USA	Zip 33558	Country USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida **5/27/1988**

5. FEI Number **59-2893621**

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

7. Name and Address of Current Registered Agent

Name **SCHLOSSER, RICHARD A**

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

Suite, Apt. #, Etc.
SUITE 200

City **TAMPA, Florida** State **FL** Zip Code **33602**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent **[Signature]** Date **1-25-02**
 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
DPT	GENTRY, RANDALL E.	19003 Cour Estates	Lutz, FL, 33558
VS	GENTRY, [unclear]		
VS	GENTRY, VICKIE T.	19003 Cour Estates	Lutz, FL, 33558
			500004853545--9

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: **RANDALL E. GENTRY** **[Signature]** Date **1-25-02** Daytime Phone # **813-949-6000**

2082



ACCOUNT NO. : 072100000032
 REFERENCE : 193023 7310598
 AUTHORIZATION : *Patricia Pruitt*
 COST LIMIT : \$ 908.75

ORDER DATE : February 1, 2002
 ORDER TIME : 11:33 AM
 ORDER NO. : 193023-005
 CUSTOMER NO: 7310598
 CUSTOMER: Mr. Randall E. Gentry
 Gendev Corporation
 1903 Cour Estates
 Lutz, FL 33558

DOMESTIC FILINGS

NAME: GENDEV CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
 EXAMINER'S INITIALS _____

RECEIVED
 02 FEB - 1 PM 12: 13
 DIVISION OF CORPORATION