PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

/	Q	Y.	•
		7	_

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # /	(25617
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1. Corporation Name

FILED

02 FEB - 1 AM 10: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Daytime Phone #

G	FENDEY CORP	ORAT	Soi							
						An.				
2. Principa	I Office Address	3. Mailing Of	ffice Address			Ben Fan on n	estern a	Control of the control		
191	003 Coup Estates	1900	3 Coun	ESTAT	e s !	REN	STA	TEM	ENT/	11-112
Suite, Apt. #		Suite, Apt. #,		/ M /					m, 60	/
						4. Date Incorp To Do Busi			-/20/	1600
City & State	· · · · · · · · · · · · · · · · · · ·	City & State	_		-	5. FEI Numbe		5	7/27/	788 Applied For
Lu	72 Francian	(ut	z From	uon			_	73621	<u> </u>	Not Applicable
Ζip	Country	Zip	Cour	•		6	•		\$8.75 Additio	nal Fee required
<u> 339</u>	558 USA	<u> </u>	28	USA		CERTIFICATE	OF STATU	S DESIRED 💢		icate of Status
. "		7. N	ame and Address	of Current R	egistere	d Agent				
	SCHUSSE	-0 TC	, , , , , , ,	$_{\Lambda}$ A	١			•		
	Street Address (P.O. Box Number is No		ICHAN							
	500 E.	CONN	11704							
	Suite, Apt_#, Etc.	_								
	JUITE 20		•				State	Zip Code		
	IAMPA	Fron	IDA				FL	· .	02	
B. i, being	appointed the registered agent of the about			with and accep	pt the obl	ligations of section	on 607.050			
Signature of Registered	Agent Q	\mathcal{Q}_{\perp}	ENT MOST SIGN	<u>u</u>			Date _		5-0-2	
9. Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit corp	orations must l	list at lea	st 3 directors)	****			
Titles	Name of Officers and/or Directors			Street Address Officer and/or				City /	/ State / Zip	
DPT	GENTRY RXND	MLE.	19003	Cour	Es	TATES	Lu	TZ, F	L,33	558
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this rei owed b on this	that I am an officer or director or the receinstatement application, the reason for dissipy the corporation have been paid and the application is true and accurate, and my states.	olution has been sames of individ gnature shall ha	eliminated, the co wals listed on this f we the same legal	rporate name s com do not qua	satisfies t alify for a	the requirements n exemption und	of section er section	607.0401 or 6 11 9.07(3)(i), F.	:17.0401, F.S., .S. The informa	that all fees
SIGNA	IUHE: /CZTNDACC (<u>. (961</u>	V719		$\mathcal{L}\mathcal{L}$	\rightarrow	7 - 2 4 - 7		Ocadima Phone	





ACCOUNT NO. : 072100000032

REFERENCE :

193023

7310598

AUTHORIZATION

COST LIMIT

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

PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133 EXAMINER'S INITIALS DIVISION OF CORPORATION