PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 18 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04
900029020069
02/18/04--01034--011 **758.75
900029020069
02/18/04--01034--010 **141.25

DOCUMENT # K25617

1. Corporation Name
GenDev Corporation

2. Principal Office Address	**3.** Mailing Office Address
19003 Gun Estates	19003 Gun Estates
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lutz, FL	City & State: Lutz, FL
Zip: 33558 Country:	Zip: 33558 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 5-27-1988

5. FEI Number: 592893621 ☐ 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: Richard Schroeder
Street Address (P.O. Box Number is Not Acceptable): 500 E. Kennedy Blvd
Suite, Apt. #, Etc.: Suite 200
City: Tampa 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 617.0503, F.S.

Signature of Registered Agent: _____ Date: 1-20-04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PRT	Randall E. Gentry	19003 Gun Estates	Lutz, FL 33558
VS	Vickie J. Gentry	19003 Gun Estates	Lutz, FL 33558

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 1-20-04 813-997-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #