

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
RESTATEMENT

Jim Smith
Secretary of State

APPROVED
AND
FILED

02 DEC 18 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000008984

Name and Mailing Address

0006238 01 FP 0.352 **PRSRT T9 0 0615 32615-683285
AQUAGENE, L.L.C.
12085 RESEARCH DRIVE
STE 118
ALACHUA FL 32615-6832

RESTATEMENT



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/25/2000	
Principal Place of Business 12085 RESEARCH DRIVE STE 118 ALACHUA FL 32615	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3659004	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent ROGERS, JOHN 12085 RESEARCH DRIVE ALACHUA FL 32615	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200009581972 12/18/02--01069--001 **150.00 City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] Date 11/5/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	ROGERS, JOHN B	12085 RESEARCH DRIVE	ALACHUA FL
MGR	GAINES, WEAVER H	13709 PROGRESS BLVD BOX 13 STE N-11	ALACHUA FL
MGR	COCKSHUTT, TIMOTHY	100 NORTH TAMPA ST., STE 2410	TAMPA FL
MGR	ABELES, JOHN H	2365 NW 41ST STREET	BOCA RATON FL
MGR	SEN, ARUP	12085 RESEARCH DRIVE	ALACHUA FL
MGR	TANNER, J M	218 SOUTH WEBB ROAD	PLANT CITY FL
	MGT GARRETT, TATE	100 NORTH TAMPA, STE 2410	TAMPA FL

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] Date 11/5/02 Daytime Phone # 386-418-1400

CR2EC84 (8/02)