PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N05000007288

1. Corporation Name

Geological Museum and Lapidary Arts Learning Center, Inc.

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2. Principal Office Address - No P.O. Box # REINSTATEMENT 09-10 3. Mailing Office Address 1769 E. Moody Blvd 1769 E. Moody Blvd. CR2E081 (6/10) Suite, Apt. #, etc. Suite, Apt. #, etc. Government Services Bldg. 2 Date Incorporated or Qualified Government Services Bldg. 2 To Do Business in Florida July 18, 2005 City & State City & State 5. FEI Number Bunnell, FL Bunnell, FL 20-3189142 Not Applicable Zip Country Country 6. CERTIFICATE OF STATUS DESIREDI \$8.75 Additional Fee required USA USA 32110 32110 for a Certificate of Status 7. Name and Address of Current Registered Agent Name Steven Guardiano Street Address (P.O. Box Number is Not Acceptable) 412 North Wild Olive Avenue Suite, Apt. #, Etc. Zip Code City FL 32118 Daytona Beach cd corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. 8. I, being appointed the registered agent of the ab Signature of Date 6/25/11

REGISTERED AGENT MUST SIGN						
9. Name	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			
Р	Margaret F. MacDuffie	411 Cherrywood Drive	Ormond Beach, FL	32174		
VP	John F. Hoyer	1221 Sunningdale Lane	Ormond Beach, FL	32174		
S/T	Mary L. Synk	1225 Gamble Place	Daytona Beach, FL	32118		
D	Beryl F. Ferguson	414 S. Ridgewood Ave.	Ormond Beach, FL	32174		
D	Julianna Withey	2 Woodshaw Lane	Palm Coast, FL	32164		
D	Jose Gierbolini	14 Carrington Lane	Ormond Beach, FL	32176		

10. E-mail Address: mlsynk@yahoo.com

(To be used for future annual report notification)

SIGNATURE:

Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 16, 2010

216-973-9505

Daytime Phone #

^{11.} 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Title	Name	Street Address	City / State / Zip
D	Michael E. Cunningham	236 Deportivo Drive	St. Augustine, FL 32086
D	Donald H. Powers	219 Hamlet Trace	Ormond Beach, FL 32174
D	Jacques N. Jacobsen	3 Oceans West Blvd, #4A4	Daytona Beach Shores, FL 32116
D	Steven J. Guardiano	412 North Wild Olive Ave.	Daytona Beach, FL 32118