2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000010524

FILED Oct 23, 2008 Secretary of State

Entity Nan	ne: GENAPUR	E ANALYTICAL SERVICES, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	TH AVENUE ON, FL 33431					
Current Mailing Address:			New Maili	New Mailing Address:		
	TH AVENUE ON, FL 33431					
FEI Number:	04-3421993	FEI Number Applied For () FEI N	umber Not App	icable () Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US						
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE: GEORGIA BYRON						
Electronic Signature of Registered Agent				Date		
		2)(b), F.S., the corporation did not receive Trust Fund Contribution().	e the prior notic	е.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () E DECKELMANN, N 3231 N.W. 7TH A BOCA RATON, F	VENUE	Title: Name: Address: City-St-Zip:	P (X) Change () Addition BYRNE, C. PAT 10101 SIEGEN LANE, BLDG. 3, SUITE C BATON ROUGE, LA 70810		
Title: Name: Address: City-St-Zip:	VP (X) I GRINDELAND, E 3231 N.W 7TH A' BOCA RATON, F	/ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SEC (X) I BROCK, DAVID E 3231 N.W 7TH A' BOCA RATON, F	/ENUE	Title: Name: Address: Citv-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. PAT BYRNE PRES 10/23/2008