	PLEA	SE READ	ALL INST	RUCT	ONS BEFORE	COMPLET	ING T	HISIFORM:	)	
REINSTATEMENT				Secretary of State		.03 NOV -7 PM 12: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
DOCUMENT # P02000105319  1. Corporation Name										
Predictive Genomics, Inc.										
				•						
				3. Mailing Office Address 2600 SE 17th Street			TENSTATEMEN!			
Suite, A. #, etc.				Suite, Apt. #, etc.				- : 	()5	
Suite B				Suite B			4. Date Incorporated or Qualified To Do Business in Fiorida 09/26/2002			
City & State Ocala, Florida				Ocala, Florida			5. FEI Number Applied For Not Applicable			
Country USA			Zip Country 34471 USA			6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status				
<del></del>		<del> </del>		ame and A		red Agent			October 57 Digital	
Name David H. Peek Street Address (R.O. Box Number is Not Acceptable)										
									<b>40</b> **751.75	
Suite, Apt. #, Etc. Suite 1609										
Jacksonyille							State FL	Zip Code 32207		
appointed the	registere	dagent of the abo	e ramed corpo	ration, am fa	amiliar with and accept the o	bligations of secti	an 607.05	05 or 617.0503, F.S.		
Signature of Parishered Asset							Date			
Registered Agent REGISTERED AGENT MUST SIGN							Date			
and Street Ad	dresses	of Each Officer and	or Director (Flo	rida nonpro	it corporations must list at le	east 3 directors)				
Name of Officers and/or Directors				Street Address of Each Officer and/or Director		City / State / Zip				
Douglas C. Hall				2600 SE 26th Street Suite B			Ocala, Florida 34471			
Mary E. MacKenzie				2600 SE 26th Street Suite B		Ocala, Florida 34471				
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	STATEM  JMENT  Ition Name  dictive G  SE 17th  t, etc.  B  Name Di Street Add  Suite, Apt.  City Jac  appointed the  Agent Douglas G	RPORATION STATEMENT  JMENT # P  Ition Name  dictive Genome  It Office Address SE 17th Street It, etc.  B  Country USA  Name David H Street Address (P.O. Suite, Apt. #, Etc. City Jackson  appointed the registere  Agent  Officers  Douglas C. Hall	RPORATION STATEMENT  JMENT # P02000105  Inton Name  dictive Genomics, Inc.  In Office Address SE 17th Street It, etc. B  Florida  Country USA  Name David H. Peek Street Address (P.O. Box Number is Not Suite, Apt. #, Etc. Suite 1609  City Jacksonville  appointed the registered agent of the labor Agent RE  and Street Addresses of Each Officer and Name of Officers and/or Directors	STATEMENT  JMENT # P02000105319  Ition Name  dictive Genomics, Inc.  In Office Address SE 17th Street Set.  Suite, Apt. #, Suite B Country USA  Country USA  Suite Address Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc. Suite 1609  City  City  City  Country  Country	FLORIDA DEPAR Secretary DIVISION OF CO.  JMENT # P02000105319  Ition Name  Dictive Genomics, Inc.  3. Mailing Office Address SE 17th Street 2600 SE 17th Suite, Apt. #, etc. Suite B City & State Ocala, Florida Country USA  Name David H. Peek  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc. Suite 1609  City Jacksonylije  Appent  REGISTERED AGENT MUST Name of Officers and/or Director (Florida nonprof	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS  JMENT # P02000105319  Ition Name  dictive Genomics, Inc.  JOHICE Address SE 17th Street Suite, Apt. #, etc. Suite B City & State Ocala, Florida Country USA JA471 USA  7. Name and Address of Current Registe  Name David H. Peek  Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Suite 1609  City Jacksonyille Appointed the registered agent of heliabore numeric corporation, am familiar with and accept the company of the composition o	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS  JIMENT # P02000105319  JIMENT #	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS  JMENT # P02000105319  Itoffice Address SE 17th Street Jitoffice Address SE 17th Street Jounty Jounty Jounty Jounty John John John John John John John John	SECRETARY OF INFLICATIONS  JAMENT # P02000105319  Itom Name  dictive Genomics, Inc.  3. Mailing Office Address SE 17th Street 2600 SE 17th Street Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.  Suite, Apt. #, etc.  Country USA  Country USA  7. Name and Address of Current Registered Agent  Name David H. Peek  Street Address (P.O. Box Number is Not Acceptable)  1301 Riverplace Boulevard  Suite, Apt. #, Etc. Suite 1609  City Jacksonytije  REGISTERED AGENT MUST SIGN  Date  Registered Agent of the Registered	

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.

(352) 622-9351