


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000084034			
1. Corporation Name Genesis Scientific, Inc.			
2. Principal Office Address 505 W. Robinson St		3. Mailing Office Address 505 W. Robinson St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando FL	
Zip 32801	Country	Zip 32801	Country
4. Date Incorporated or Qualified To Do Business in Florida 1/93		5. FEI Number 59-3214696	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Robert E Clark			
Street Address (P.O. Box Number is Not Acceptable) 505 W. Robinson St			
Suite, Apt. #, Etc.			
City Orlando			
State FL		Zip Code 32801	
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 RE Clark		Date 9-8-05	
REGISTERED AGENT MUST SIGN			
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
President	Robert Clark	505 W. Robinson St	Orlando FL 32801
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: RE Clark		Robert E Clark	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 9-8-05	
		Daytime Phone # 407-206-1060	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

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