

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV 12 AM 8:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000047366**

1. Corporation Name

GENOWA GP, INC.

Principal Place of Business

Mailing Address

6361 MEETINGHOUSE ROAD
 NEW HOPE PA 18938

6361 MEETINGHOUSE ROAD
 NEW HOPE PA 18938



000024940860
 11/21/03--01091--031 **750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/23/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

23-2803168

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BLEZNAK, C. RONALD	210 W. RITTENHOUSE SQ., #1900	PHILADELPHIA PA 19103
D	MARSHALL, DAVID G	210 W. RITTENHOUSE SQ., #1900	PHILADELPHIA PA 19103
D	ROYSTON, RICHARD D	3423 PIEDMONT ROAD, SUITE 518	ATLANTA GA 30305

REINSTATEMENT 03 175

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Brian Courtney
 Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date

11/12/03

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)