FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 JAN -3 PM 2:59

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000094058

1. Corporation Name

GEOVERSE, INC.

REINSTATEMENT 04-07

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
601 SW 21st Terrace	27819 State Route 7
Suite, Apt. #, etc. #6	Suite, Apt. #, etc.
City & State Ft. Lauderdale, FL	City & State Marietta, OH
Zip 33312 / County U.S.A.	Zip 45750 / County U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: 12/28/1994

5. FEI Number: 650543457 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee | State: FL | Zip Code: 32301

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

Signature of Registered Agent: Carina L Dunlap — Carina L. Dunlap, Asst. Vice President — 1/3/07

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
C/D	Paul Brunner	2640 West 1700 South	Salt Lake City, UT 84104
V	Fabrizio Rasetti	2640 West 1700 South	Salt Lake City, UT 84104
V	John A. Walsh	27819 State Route 7	Marietta, OH 45750

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 the form do not qualify for an exemption contained in Chapter 119, 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: _____ Jan 3, 2007 740.373.2190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAN. 3. 2007 2:03PM C S C NO. 945 P. 2

Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

GEOVERSE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,200.00