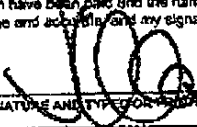


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SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -3 PM 2:59

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # p94000094058																															
1. Corporation Name GEOVERSE, INC.																															
2. Principal Office Address 601 SW 21st Terrace Suite, Apt. #, etc. #6 City & State Ft. Lauderdale, FL Zip 33312 Country U.S.A.		3. Mailing Office Address 27819 State Route 7 Suite, Apt. #, etc. City & State Marietta, OH Zip 45750 Country 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name Corporation Service Company</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Suite, Apt. #, Etc.</td> </tr> <tr> <td style="padding: 2px;">City Tallahassee</td> <td style="padding: 2px;">State FL Zip Code 32301</td> </tr> </table>		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																				
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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. <table style="width: 100%;"> <tr> <td style="width: 40%;">Signature of Registered Agent</td> <td style="width: 40%; text-align: center;">  Carina L. Dunlap REGISTERED AGENT MUST SIGN </td> <td style="width: 20%; text-align: center;"> Asst. Vice President 1/3/07 </td> </tr> </table>				Signature of Registered Agent	 Carina L. Dunlap REGISTERED AGENT MUST SIGN	Asst. Vice President 1/3/07																									
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>C/D</td> <td>Paul Brunner</td> <td>2640 West 1700 South</td> <td>Salt Lake City, UT 84104</td> </tr> <tr> <td>V</td> <td>Fabrizio Rasetti</td> <td>2640 West 1700 South</td> <td>Salt Lake City, UT 84104</td> </tr> <tr> <td>V</td> <td>John A. Walsh</td> <td>27819 State Route 7</td> <td>Marietta, OH 45750</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				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												
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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 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 Date Office Phone #																													

REINSTATEMENT 04-07

CR2E081 (12/05)

Florida Department of State
Division of Corporations
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Account Number : I20000000195
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Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

GEOVERSE, INC.

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