

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 945000096464

1. Corporation Name

GeneThera, Inc.

2. Principal Office Address - No P.O. Box #

3930 Youngfield St.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Wheat Ridge CO

City & State

Zip Country
80033 U.S.A.

Zip Country

7. Name and Address of Current Registered Agent

Name

Brian Barnes

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

22296 Calibre Court

Suite, Apt. #, Etc.

1508

City

Boca Raton

State

FL

Zip Code

33433

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

Brian Barnes

REGISTERED AGENT MUST SIGN

Date 10/31/07

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	Milici, Tony	3930 Youngfield St.	Wheat Ridge CO 80033
CAO	Irizarry, Tannya L.	3930 Youngfield St.	Wheat Ridge, CO 80033
D	Slaga, Thomas J.	1600 Pierce St.	Lakewood, CO 80214
DC	Milici, Tony	11880 Antler Trail	Littleton, CO 80127
D	Bryans, Richard W., Jr.	1177 Grant Street St.308	Denver, CO 80203

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:

Tannya L. Irizarry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/07 303-463-6371
Date Daytime Phone #

07 NOV 13 PM 4:11

STATE
ALLAH... FLORIDA

100112507341
11/21/07--01031--006 **300.00

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/1995

5. FEI Number

65-0622463

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$9.75 Additional Fee required
for a Certificate of Status**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.