




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 03 DEC 30 AM 9:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P96000059531					
1. Corporation Name Gencode Systems, Inc					
2. Principal Office Address P.O. Box 27065 Suite, Apt. #, etc.			3. Mailing Office Address P.O. Box 27065 Suite, Apt. #, etc.		
City & State Tampa, FL			City & State Tampa, FL		
Zip 33623-0605		Country USA		4. Date Incorporated or Qualified To Do Business in Florida 7/16/1996	
5. FEI Number 59-3389823		Applied For Not Applicable		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 Ameri Lawyer Chartered					
Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Ave.					
City Coral Gables					
State FL					
Zip Code 33134					
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  REGISTERED AGENT MUST SIGN					
Date 12/24/03					
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		
PSTD	Scott, Edgar R Jr.	4108 Harbor Lake Dr.	Lutz, FL 33558		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 12/24/03 Daytime Phone # 813-948-3464					

CR2E081 (10/02)