

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 NOV 23 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000090554

1. Corporation Name

GENE, INC.

Principal Place of Business

7306 SR 52  
BAYONET POINT FL 34667

Mailing Address

7306 SR 52  
BAYONET POINT FL 34667

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

REINSTATEMENT

98

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/24/1997	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3474582	
Country		Country		Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	MICHAEL G. PYLES	12515 DENTON AVENUE	HUDSON, FL 34667
V	FERN M. GOSLIN	517 BARBARA WAY	TARPON SPRINGS, FL 34689

400002706044-7  
-12/08/98--01039--024  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent

PYLES, MICHAEL G  
12515 DENTON AVE.  
HUDSON FL 34667

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of Registered Agent

*Michael G. Pyles* REQUIRED

Date 11/17/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for Information on Intangible tax.)

12. 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)(f), 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:

*MICHAEL G. PYLES* 11/17/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (9/98)