D ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



PLEASE REA		
CORPORATION		
OCUMENT # F	98000	
CENIMAR	TNO	

FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

2045570

GENINUN,

<u>(941-359-1238)</u>	(941	-359-	1238
-----------------------	------	-------	------

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

8. I, being

Suite, Apt. #, etc.

City & State

FILED

02 MAY 10 PH 1:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

To Do Business in Florida	4-06	1998
FEI Number		Applied F

Applied For Not Applicable

10	0120	<u> </u>				or a Germicate	or Status
	7. Name and Add	lress of Curren	t Registered Agent		,		
DAVID G.	BOWMAN	JR	71	חחר	005976	3297	
Street Address (P.O. Box Number is N 22 SOUTI	ot Acceptable)	AVE.		_	06/25/02- ****300.00	-01058-	-023*****
Suite, Apt. #, Etc. 3		•	5 * /2 see see			and the control of the control of	an and ways and add-
SARASOT	Ä			State FL	Zip Code 34235	7	
appointed the registered agent of the abo	ve named corporation, am fair	iliar with and ac	cept the obligations of section	n 607.05	05 or 617.0503, F.S	-	(arus)

Signature of Registered			Date My 1, 2002
9. Names	s and Street Addresses of Each Officer and/or Director (Flo	orida 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
_D	EUGENE BECKSTEIN	74-18 WESTMORELANDD	R SARASOTAFL 342
D	ANNABELLE BECKSTEIN	SAME	SAME
			201.25 - AR
			10.00 - ARARTS
			88.75 - ARSUP

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 filling 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

2



P.O. Box 808 TALLEVAST, FL 34270 PHONE: 941,359,1238

2 May 2002

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

This letter is in reference to the corporation reinstatement of Genmor, Inc. (FEI No. 65-0845441).

The renewals for years 2001 and 2002 were not received, due to the State Department's error in changing the corporation's address on 3/22/2000. A copy of the 1999 renewal is enclosed for your reference, which has the correct address noted.

A check in the amount of \$300.00 is enclosed to reinstate the corporation's status.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Eugene H. Beckstein

President

enc.