PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.					
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS		FILED 01 NOV 21 PM 4: 27		
DOCUMENT # \$\overline{P}9000078379  1. Corporation Name			SECRETARY OF STATE TALLAHASSEE FLORIDA		
Genex CORP.				2111074	
2. Principal Office Address 4001 South Ocean Dive	3. Mailing Office Address		700	SI JOAN -	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6		
1.9	2.9		4. Date Incorporated To Do Business in		
City & State	City & State		5. FEI Number Applied For		
HOLLYWOOD - FLORILA				94480) Not Applicable	
21p   Country   33019   USA	Zip	Country	6. CERTIFICATE OF STA	TUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
27014 274	7 Name and	Address of Current Register	<u> </u>	for a Certificate of Status	
Name  6ERADLO MICHALOWITE  Street Address (P.O. Box Number is Not Acceptable)  4001 Soverh Ocean be  ****750.00 *** *750.					
City How woods		1	State FL	33019	
8. I, being appointed the registered agent of the abo	we named corporation, ar	familiar with and accept the o	bligations of section 607.	0505 or 617.0503, F.S.	
Signature of Registered Agent			De	te ///20/01	
REGISTERED AGENT MUST SIGN					
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	Titles Name of Street Address of Eac Officers and/or Directors Officer and/or Director		·	City / State / Zip	
PD GERARDO MICHALOWITZ <		4001 Sory Ocean 10 + 8.1		erwood. Fr 33019	
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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 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 ceth.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Determine 107, F.S. I further certify that when filling this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this replication as provided for in chapter 607 or 617, F.S. I further certify that when filling this replication as provided for in chapter 607 or 617, F.S. I further certify that when filling this replication as provided for in chapter 607 or 617, F.S. I further certify that when filling this replication as provided for in chapter 607 or 617, F.S. I further certify that when filling this replication as provided for in chapter 607 or 617, F.S. I further certify that when filling this replication as provided for in chapter 607 or 617, F.S. I further certify that when filling this replication is formation as provided for in chapter 607 or 617, F.S. I further certify that when filling this replication is true and or further certify that when filling this replication is formation as provided for in chapter 607 or 617, F.S. I further certify that when filling this replication is formation as provided for in chapter 607 or 617, F.S. I further certify that when filling this replication is formation for increase of the corporation as provided for in chapter 607 or 617, F.S. I further certify the corporation as provided for increase of f					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #					