PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUL 29 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V33433

1. Corporation Name

GENETIC ENGINEERING SERVICES, CORP.
5625 W. 20TH Ave. Suite #307
HIALEAH, FL 33012-7523

Principal Place of Business

Mailing Address

5625 W. 20TH AVE. SUITE #307
HIALEAH, FL 33012-7523
(305) 822-8217

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

2. New Principal Office Address, If Applicable: SAME
Suite, Apt. #, etc.
City & State
Zip   Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip   Country

4. Date Incorporated or Qualified To Do Business in Florida: MAY 4, 1992

5. FEI Number: 6504 - 12104   Applied For   Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PDTE.CEO	DR.SERGIO GUTIERREZ	5625 W. 20th Ave. #307 HIALEAH	FL 33012-7523
VICE-PDTE.	MRS.LYDIA L. GUTIERREZ	Same ADDRESS	
Treasure	-MIGUEL C. ACOSTA	7001 S.W. 58 ST.	MIAMI, FL
SECRETARY	MRS.LYDIA L. GUTIERREZ	5625 W. 20th Ave. #307	HIALEAH, FL 33012-7523
VICE-	SECREATARY: JOSE LUIS GUTIERREZ	5625 W. 20th Ave. # 307	HIALEAH FL 33012

8. Name and Address of Current Registered Agent

DR. SERGIO GUTIERREZ (D.V.M.)
5625 W. 20TH AVE. #307
HIALEAH, FL 33012-7523
(305 822-8217

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt
City

REINSTATEMENT
500002601
-08/04/98--01083--017
****1205.00
1205.00

TS 7/31
95-98

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505

Signature of Registered Agent ____ Date ____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30   Yes ☐   No ☐   N/A

(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)(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: Dr. [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E040 (1/98)