

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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07 JAN -3 PM 2:59

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 094000094058
 1. Corporation Name
GEOVERSE, INC.

REINSTATEMENT 04-07

2. Principal Office Address
601 SW 21st Terrace

3. Mailing Office Address
27819 State Route 7

Suite, Apt. #, etc.
#6

City & State
Ft. Lauderdale, FL

City & State
Marietta, OH

Zip
33312

Country
U.S.A.

Zip
45750

Country
U.S.A.

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida
12/28/1994

5. FEI Number
650543457

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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.

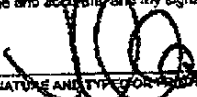
Signature of Registered Agent
 **Carina L. Dunlap**
Asst. Vice President 1/3/07

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	Street Address of Each Officer and/or Director	City / State / Zip
C/D	Paul Brunner	2640 West 1700 South	Salt Lake City, UT 84104
V	Fabrizio Rasetti	2640 West 1700 South	Salt Lake City, UT 84104
V	John A. Walsh	27819 State Route 7	Marietta, OH 45750

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 filed on this form do not qualify for an exemption contained in Chapter 119, 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:  **Jan 3, 2007** 740.373.2190
 SIGNATURE AND TYPED FULL NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

Florida Department of State
Division of Corporations
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From:
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CORPORATION REINSTATEMENT

GEOVERSE, INC.

Certificate of Status	0
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