

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC -6 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

CORPORATION
REINSTATEMENT

02 JAN

DOCUMENT # P0000075320

1. Corporation Name
GENESIS BENEFITS GROUP, INC.

2. Principal Office Address
2570 WHISPERING PINES DR.

3. Mailing Office Address
2570 WHISPERING PINES DR.

Suite, Apt. #, etc.

City & State
ORANGE PARK, FL

City & State
ORANGE PARK, FL

Zip Country
32003 USA

Zip Country
32003 USA

4. Date Incorporated or Qualified To Do Business in Florida 08/09/00

5. FEI Number 59-3662799 Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name JOHN M. PRESKI
Street Address (P.O. Box Number is Not Acceptable) 2570 WHISPERING PINES DRIVE
Suite, Apt. #, Etc.
City ORANGE PARK State FL Zip Code 32003

~~400003339144~~
12/06/02--01053--001 **150.00

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 *[Signature]* Date _____
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
PD	PRESKI, TIMOTHY J.	12525 BUNCHE ROAD	FAIRFAX, VA 22030
VP	SANTIAGO, PAUL J.	2341 FOXHAVEN DR WEST	JACKSONVILLE, FL 32224
DST	PRESKI, JOHN	2570 WHISPERING PINES DR	ORANGE PARK, FL 32003

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 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]* JOHN PRESKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E081 (9/00)



- ✓ Income Tax Service
- ✓ Financial & Insurance Services
- ✓ Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

December 4, 2002

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: Profit Corporation Annual Report
Document P00000075320 – Genesis Benefits Group, Inc.

Dear Sir/Madam,

Please see the attached Corporate Reinstatement Report for our client listed above. We are requesting a waiver of the late fee and ask that you accept the enclosed application and payment of \$150.00 for the 2002 period.

Mr. Preski, President of the above Corporation, did not receive his report for this registration period. He has had a change of address and notified the Post Office to forward all mail. Unfortunately, they did not forward his reports to him. Upon his annual review, it was determined through your website that his report had not been filed. We promptly prepared this for him.

Thank you for your help with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,


Beverlee A. Flowers, E.A.

Enclosure: Corporate Reinstatement Report
Check # 1015