Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STALLAHASSEE FLO DOCUMENT # P00000075320 1. Corporation Name GENESIS BENEFITS GROUP, INC. 2. Principal Office Address 2570 WHISPERING PINES DR. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State ORANGE PARK, FL Country Zip Country Zip Country SECRETARY OF STALLAHASSEE FLO SECRETARY OF STALLAHASSEE SECRETARY OF STALLAHASSEE FLO SECRETARY OF STALLAHASSEE FLO	PLEAS	SE READ ALL INSTRUC	TIONS BEFORE (COMPLETING THIS FOR
DOCUMENT # P00000075320 1. Corporation Name GENESIS BENEFITS GROUP, INC. 2. Principal Office Address 2570 WHISPERING PINES DR. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State ORANGE PARK, FL ORANGE PARK, FL Zip Country Zip Country Countr		Kather Secreta	i ne Harris ary of State	02 DEC -6 AM 8
2570 WHISPERING PINES DR. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State ORANGE PARK, FL Zip Country Country Country ORANGE PARK, FL Country Country	1. Corporation Name			TO MALEY WATER STORY OF THE CONTROL
City & State ORANGE PARK, FL Zip Country City & Country City & State ORANGE PARK, FL ORANGE PARK, FL Country Co		3. Mailing Office Addu 2570 WHISPER	ess ING PINES DR.	
32003 USA 32003 USA 6.	City & State ORANGE PARK, FL Zip Country	City & State ORANGE PAR	Country	5. FEI Number

JOHN M. PRESKI

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

PRESKI, TIMOTHY J.

SANTIAGO, PAUL J.

PRESKI, JOHN

02 DEC -6 AM 8:58

SECRETARY OF STATE FALLAHASSEE, FLORIDA

08/09/00

Applied For

\$8.75 Additional Fee required for a Certificate of Status

Not Applicable

L	Z3/U WHISPE	KING PINES DRIVE	7510010701000	
Su	ite, Apt. #, Etc.			
Cit	ORANGE PARK			Code 2003
3. 1, being appoi Signature of Registered Agent			igations of section 607.0505 or 61	7.0503, F.S.
Names and S	REGISTERED /	GENT MUST SIGN Florida nonprofit corporations must list at lease	st 3 directors)	
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip
1				

12525 BUNCHE ROAD

2570 WHISPERING PINES DR

2341 FOXHAVEN DR WEST

7. Name and Address of Current Registered Agent

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:

PD

VΡ

DST

Name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN PRESKI

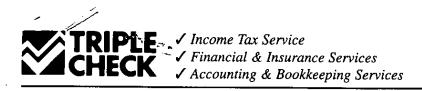
Daytime Phone #

FAIRFAX, VA 22030

JACKSONVILLE, FL 32224

ORANGE PARK, FL 32003

CR2E081 (9/00)



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