

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000020250

1. Corporation Name

GENOT-I, INC.

Principal Place of Business

1717 NORTH BAYSHORE DRIVE
APT 3640
MIAMI FL 33132

Mailing Address

c/o Maisha Fulmer fcompany PA
1717 NORTH BAYSHORE DRIVE
APT 3640
MIAMI FL 33132
1001 BRICKELL Bay DR
SUITE 1400
MIAMI, FL 33131

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

1001 BRICKELL Bay DR

Suite, Apt. #, etc.

#1400

City & State

MIAMI, FL

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1993

5. FEI Number

65-0900554

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



300025402163
12/10/03--01071--024 **750.00

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	OTTO-BRUC, EUGENE	1717 NORTH BAYSHORE DRIVE	MIAMI FL 33132
VSD	MARTIN, MARC-ANTOINE	1717 NORTH BAYSHORE DRIVE	MIAMI FL 33132

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8. Name and Address of Current Registered Agent

MARTIN, MARC-ANTOINE
1717 NORTH BAYSHORE DRIVE
APT 3640
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

MARTIN, MARC-ANTOINE

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date X 12/04/2003

11. 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.

EUGENE OTTO-BRUC

SIGNATURE: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

Date

X

Daytime Phone #

10/27th/2003

611/37706079376600