

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

00 NOV 15 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000102066**

1. Corporation Name

**GENET FAMILY HOLDINGS, INC.**

Principal Place of Business

Mailing Address

19080 N.E. 29 AVE.  
AVENTURA FL 33180

19080 N.E. 29 AVE.  
AVENTURA FL 33180



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/18/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0719427	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>PST/D</del>	GENET, E.M.B.	19080 N.E. 29TH AVE.	AVENTURA FL 33180
D	GENET, S. MICHAEL	2945 FLAMINGO DRIVE	MIAMI BEACH FL
D	GENET, SANDOR F.	99 NE 167 STREET	NORTH MIAMI FL
D	GENET, BEN J.	<del>3900 N 38TH AVENUE</del> 3870 N 40 AVE.	HOLLYWOOD FL 33021
<del>P/S/T/D</del>	GENET, DAVID	4001 N 41 STREET	HOLLYWOOD FL
200003436232--6 -12/12/00--01012--013 ****758.75 ****758.75			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NELSON, BARRY A  
19495 BISCAYNE BLVD.  
SUITE 609  
AVENTURA FL 33180

Name  
**REINSTATEMENT** 2008  
State (Florida only is 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.

Signature of Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **11-10-00**

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.

SIGNATURE:

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

Date **10/26/00** Daytime Phone # **35-933-8700**

CR2EC40 (9/00)