

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/22

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V68104

1. Corporation Name  
GENNAS, INC.

Principal Place of Business

5111 CORONADO RIDGE  
BOCA RATON FL 33486  
US

Mailing Address

5111 CORONADO RIDGE  
BOCA RATON FL 33486  
US

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

09/28/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0399964

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V	POLIKOFF, CRAIG	2501 ROCK ISLAND	MARGATE FL
P	SANDMAN, CRAIG V	5111 CORONADO RIDGE	BOCA RATON FL 33486

800008868638  
11/07/02 01057 006 \*\*150.00

8. Name and Address of Current Registered Agent

CRAIG SANDMAN  
5111CORONADO RIDGE  
BOCA RATON FL 33486

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

CR2040 (8/02)

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.

Signature of Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561) 391-8895  
Daytime Phone #

*2002*

November 4, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

To whom it may concern,

I am writing this letter to inform you that I never received any prior UBR forms for the current year 2002.

If you look at my Company's past history, we have always filed all forms in accordance with their requirements.

The reinstatement form was recieved on Saturday 11/2/02 and was taken care of immediately.

Hopefully you will understand that we were not looking to avoid paying this One hundred and Fifty dollars, but rather didn't receive the forms sent.

Sincerely yours

*Genna Sanderson*

Genna's Inc  
President