

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 18 AM 11:59

DOCUMENT # **P96000069964**

1. Corporation Name

**GENESIS AESTHETIC SURGERY PROFESSIONALS, CORP.**

Principal Place of Business

~~1421 SW 8TH ST. #2  
MIAMI FL 33135~~

Mailing Address

20850 NW 3RD LANE  
PEMBROKE PINES FL 33029

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

2. New Principal Office Address, if Applicable

~~8482 SW 8th St~~  
~~Miami, FL~~

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

~~33144 USA~~

Zip Country

~~33144 USA~~



REINSTATEMENT 01

4. Date Incorporated or Qualified  
To Do Business in Florida

08/22/1996

5. FEI Number

65-0705673

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FEIJOO, JUAN C	20850 NW 3RD LANE	PEMBROKE PINES FL 33029
SD	FEIJOO, LOURDES	19311 NW 8TH ST	PEMBROKE PINES FL 33029

300004658083--0  
-10/29/01--01102--007  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

*[Signature]*

8. Name and Address of Current Registered Agent

FEIJOO, JUAN C  
20850 NW 3RD LANE  
PEMBROKE PINES FL 33029

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.

Signature of  
Registered Agent

*[Signature]* Juan C. Feijoo  
REGISTERED AGENT MUST SIGN

Date 10/15/01

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]* Juan C. Feijoo 10/15/01 (305)262-9191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)