## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

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1. Corporation Name

## GENEVIEVE'S INVESTMENT, INC.

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Principal.	Place	٨f	Ruginase	

Mailing Address

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REINSTATEMENT	03

CAPE CORAL FL 33991 CAP			1311 S.W. SANTA BARBARA PLACE CAPE CORAL FL 33991			REINSTATEWENT 03			
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		incorrect in any way, line thr Address, If Applicable			nd enter correction below Idress, if Applicable	_+			
2. NOW PI	incipal Onice /	Address, II Applicable	3. New Maill	ng Onice Ad	idress, ir Applicable	4. Date Inco To Do Bu	rporated or Qualified siness in Florida	00/07/0004	
Suite, Apt.	#, etc.	<del>Talle Turk</del>	Suite, Apt. #,	etc.	- 4	5. FEI Numb	per 65-1134	09/07/2001 F362 Applied For	
City & Sta	te	<u> </u>	City & State			6.	_85-1134362	Not Applicable	
Zip		Country	Zip		Country	1 -	TE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flor	rida nonprof	it corporations must list a	l least 3 directors)			
Title(s)	2	Name of Officers and/or Directors		3	Street Address of E Officer and/or Dire		c	tity / State / Zip	
P	GIL, GENE	VIEVE C			/ Santa Barbara P	ACE	CAPE CORAL FL 3	13991	
						60 10/22	0002399 2/03010040	6516 15 **750.00	
	8. Nam	e and Address of Current	Registered Age	nt		9. Name and	d Address of New Regis	tered Agent	
					Name			Cu	
GIL, GENEVIEVE C 1311 S.W. SANTA BARBARA PLACE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
CAPE CORAL FL 33991		Suite, Apt. #, Etc.							
					City	<del></del> -		State Zip Code	
10. I, bein	g appointed the	e registered agent of the abo	ve named corpo	ration, am f	amiliar with and accept th	e obligations of Se	ction 607.0505, F.S. or 61	17.0505, F.S.	
Signature Registered	of I Agent	RE	GISTERED	ENT MUST	SIGN	·	Date	1403	
		officer or director or the receivable to the rec						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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR