

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 13 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 428667

1. Corporation Name

GENESIS MANAGEMENT, INC.

100161647811
10/13/09--01034--001 **150.00

REINSTATEMENT
CR2E081 (12/08)

09

2. Principal Office Address - No P.O. Box # 6540 N.W. 35 AVE. Suite, Apt. #, etc.		3. Mailing Office Address 6540 N.W. 35 AVE. Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33147	Country USA	Zip 33147	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-1537269	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name LEWIS, RICHARD C. ESQ			
Street Address (P.O. Box Number is Not Acceptable) 799 BRICKELL PLAZA SUITE 702			
Suite, Apt. #, Etc.			
City MIAMI	State FL	Zip Code 33131	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent	Date
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JONES, JESSE A.	6540 N.W. 35 AVE.	MIAMI, FL. 33147
S	SMITH, ELLEN M.	6540 N.W. 35 AVE.	MIAMI, FL. 33147

10. 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 contained in Chapter 119, 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 Jesse A. Jones **JESSE A. JONES** 10-8-09 305-836-6163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/13/09