

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 19 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # F00000002558

1. Corporation Name

Genertek International Corp.

800007899848--3
-09/20/02--01065--019
****15.00 ****15.00

REINSTATEMENT 02

2. Principal Office Address

1250 Hobbs Road

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Auburndale, FL

City & State

Zip

33823

Country

US

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/2000

5. FEI Number

59-3447573

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Andrew J. Britton, P.A.

Street Address (P.O. Box Number is Not Acceptable)

151 Center Rd.

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34292

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**

Andrew J. Britton REGISTERED AGENT MUST SIGN

Date 9/16/02

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
CSTD	Dae Y. Shin	4625 Dolphin Cay La.	St. Petersburg, FL 33711
VD	John B. Manning	4614 Drew Ct.	Lakeland, FL 33810

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 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John B. Manning, Director

9/ /02 (863) 965-1907

Date

Daytime Phone #

CR2E081 (9/01)