| | | PLEA | SE READ | ALL INST | RUCTIO | NS BEFORE (| COMPLET | ING THIS FO | PRM. | | |
|--|--------------------------------|-------------------------------|--|---|--|--|---|--|------------------------|------------------------|--|
| AP | PLICAT | TION | | FLORIDA | Jim Sn | | | í | | | |
| REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS | | | | | | | FILED | | | | |
| DOCUMENT # F0000006333 | | | | | | | 02 NOV 27 AM 9: 46 | | | | |
| GENESIS CONSOLIDATED SERVICES, INC. | | | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| Principal Place of Business Mailing Add | | | | | ess | <u></u> | 4 | il 2011 Call Call Salu | . 88(II 48)IA BYAS WES | 16 21(1 1 6 5) | |
| 21 WORTHEN RD. LEXINGTON MA 92420 | | | | -PO-BOX-15 6 LEXINGTON MA 02421 | | | | | | | |
| If above a 2. New Pri | addresses are | e incorrect in Address, If | n any way, line thro Applicable | | ng Office Addres | | 4. Date Incorp | orated or Qualified | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, | etc. | nen Koacl | To Do Business in Florida 11/13/2000 | | | | |
| City & State | | | | City & State · | | | 5. FEI Numbe | .04-3106172 | | lied For Applicable | |
| 02421 Country | | | Zip Country | | · | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status | | | | | |
| | and Street Ac | | Each Officer and/one of Officers | or Director (Flor | rida nonprofit coi | rporations must list at lea | | I | | | |
| Title(s) | (s) and/or Directors | | 3 0 | | Officer and/or Director | City / State / Zip | | | | | |
| PCD | BURBIDGE, ROBERT J | | 108 WOOD ST. | | | LEXINGTON MA | | | | | |
| ٧ | KEATING, BRENDA L | | | 35 DUNTON RD | | RD | = | WILMINGTON MA | | | |
| | | | | | | 1 Ot 11/27/4 | 100009247291 | | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | | | 1 | | | |
| | Q No. | | | | | | | | | | |
| 8. Name and Address of Current Registered Agent Name | | | | | | | 9. Name and Address of New Registered Agent | | | | |
| LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY ROAD Street Address (I | | | | | | | P.O. Box Number is Not Acceptable) | | | | |
| TALLAHASSEE FL 32311 Suite, Apt | | | | | | | Etc. | | | | |
| | | | | | | City | | | State Zip Code | | |
| 0. I, being | appointed the | e registered | agent of the abov | e named corpo | ration, am familia | ar with and accept the ob | oligations of Section | on 607.0505, F.S. or 61 | | | |
| signature of Registered / | Agent | rible | RECO | PLACE SISTERED AGE | 2) TOSSE ENT MUST SIGN | HISTON | | Date//4 | 702 | | |
| this reins owed by | statement app the corporati | olication, the ion have be | e reason for dissolution paid and the na | ution has been e ames of individu | eliminated, the co als listed on this | cute this application as proporate name satisfies to form do not qualify for a effect as if made under | the requirements of the exemption and | of section 607,0401 or | 617,0401 F.S. that a | III fees | |

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Peace of Mind for Your Growing Business.

Corporate Headquarters 21 Worthen Road Lexington, MA 02421 • 781-674-1100 • 800-367-8367 • Fax 781-674-2045

November 12, 2002

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

To Whom It May Concern:

Please accept this letter as a request to waive the reinstatement fee for Genesis Consolidated Services, Inc. I received in October your Notice of Administrative Dissolution or Revocation and I have no record of receiving the original request for the Uniform Business Report. I completed the form with our updated mailing address for the future.

Thank you for you assistance in this matter. If you have any questions please contact me at (781) 674-1100 x-103 or mperachi@genesis-cos.com.

Sincerely,

Michele Perachi

Senjor Accountant

Michele Ruschi



