

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Head**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 17 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000005659**

1. Corporation Name

**GENESETT MANAGEMENT INC.**

Principal Place of Business

4545 ANTLE HILL DRIVE WEST  
JACKSONVILLE FL 32224

Mailing Address

4545 ANTLE HILL DRIVE WEST  
JACKSONVILLE FL 32224

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 03

10/09/03 01023 002 \$158.75

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/2002

5. FEI Number

37-1442153

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	O'BRIEN, DEREK	4545 ANTLE HILL DRIVE WEST	JACKSONVILLE FL 32224
ST	MURPHY, KRISTIN	4545 ANTLE HILL DRIVE WEST	JACKSONVILLE FL 32224

8. Name and Address of Current Registered Agent

MURPHY, KRISTIN M  
4545 ANTLE HILL DRIVE WEST  
JACKSONVILLE FL 32224

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Kristin M. Murphy*  
REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

*Kristin M. Murphy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KRISTIN M. MURPHY 10/9/03 904 997 8202

CR2E040 (7/03)



November 10, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Reinstatement of Genesett Management, Inc.  
Document # F02000005659

To Whom It May Concern:

In October, I mailed the Uniform Business Reports for Genesett Capital Corp. (Document #P02000042532) along with the UBR for Genesett Management, Inc. I had made several phone calls to this department and I was instructed on what to do.

I was told to mail in both reports, along with separate fees for each company. When I called to check the status this last week, I was informed that the fees were both applied to Genesett Capital Corp., which was reinstated and that Management was still inactive.

Please find attached another UBR for Genesett Management, Inc. Please take the fees that were applied as a whole to Genesett Capital Corp. and apply half of them to the account for Genesett Management, Inc.

Also, please allow this to serve as notice that our address is still listed wrong on the website. The correct address is 4545 Antler Hill Drive West, **NOT** Antler Mill Drive West. Please correct your information.

Sincerely,

  
Kris Murphy  
Genesett Management, Inc.