• 2005 FOR PROFIT CORPORATION REINSTATEMENT



DOCUMENT # F03000003205 1. Entity Name GENESIS SOLUTIONS, INC.					05 NOV 22 AM 5: 58 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Plac	e of Rusiness	Mailing Address						
100 DANBURY RD., SUITE 105 RIDGEFIELD, CT 06877 100 DANBURY RD., SUITE 105 RIDGEFIELD, CT 06877								
						i i n i i i i i i in i i i i i i i i i i i i		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10112005	REIN-P	CR2E098 (6/04)		
City & State		City & State		4. FEI Numb	_	 	oplied For	
Zip	Country	Zip	Country		of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and	d Address of New Re	<u> </u>		
Name O. C.				V. C. 1.1.	11			
VAN HEININGEN, ERIC P 2940 MOURNING DOVE WAY			Street Ac	HHr dSMull T TT				
TITUSVILLE, FL 32780			680	O Satio	leat Roa			
			APT	APT. 204				
Cilva de la companya della companya				PLES_		FL Zip Coo	ኃዓ	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							and accept	
SIGNATURE Cofford Mullin-III						W-ne		
Signature, Noted or privated refine of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00						ith s. 607.193(2)(b), ot receive the prior		
10.	OFFICERS AND		11.	ADDITIONS	/CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11	
TITLE MAME STREET ANDRESS CITY-ST-ZIP	EVPD BRISSON, WAYNE P 100 DANBURY RD., SUITE 105 RIDGEFIELD, CT 06877	🔀 Delete	TITLE NAME STREET ADDRESS CITY-ST-21P	2 11/2	00061e 2/0501077	□ Change 330312 012 **150	□ Addition 3.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD MACARTHUR, BURTON G 100 DANBURY RD., SUITE 105 RIDGEFIELD, CT 06877	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	EVPS MACARTHUR, ROBERT D 100 DANBURY RD., SUITE 105 RIDGEFIELD, CT 06877	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Product	1 Birector	∠ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD TERFEHR, THOMAS R 100 DANBURY RD., SUITE 105 RIDGEFIELD, CT 06877	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT GRAVES, CARL D 100 DANBURY RD., SUITE 105 RIDGEFIELD, CT 06877	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Change	☐ Addition	
THE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Eokel NOV-2-3-1310038/