

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 APR -5 AM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 559417

1. Corporation Name

GENESIS COMMERCIAL SERVICES
INC

2. Principal Office Address

2210 DESTINY WAY

Suite, Apt. #, etc.

3. Mailing Office Address

2535 SUCCESS DR

Suite, Apt. #, etc.

City & State

ODESSA FL

City & State

ODESSA FL

Zip

33556

Country

USA

Zip

33556

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/3/87

5. FEI Number

54-2797684

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

200-2002

7. Name and Address of Current Registered Agent

Name

RICHARD W BAKER

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

2535 SUCCESS DRIVE

Suite, Apt. #, Etc.

City

ODESSA

State

FL

Zip Code

33556

200005430662-4
-05/02/02--01040-008
***1050.00 ***1050.00

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

R.W. Baker

Date

4/1/02

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
D/PST	RICHARD W BAKER	2535 SUCCESS DR	ODESSA FL 33556
V/D	WILLIAM WEATHERFORD	2210 DESTINY WAY	ODESSA FL 33556

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:

RW Baker, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/02

Daytime Phone #

CR2E081 (9/01)