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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF REVENUE**

**Division of Corporations**

**STATE OF FLORIDA**

**SECRETARY OF REVENUE**

1. DOCUMENT # L02000023633

Name and Mailing Address

0010408 01 AT 0.292 \*\*AUTO H8 0 0615 33853-370701

GENESIS PERSONAL TAX SERVICE, L.L.C.  
1 NORTH SCENIC HIGHWAY, SUITE 100  
LAKE WALES FL 33853-3707

04 JAN 13 PM 3:54

01/22/04

**REINSTATEMENT 2003-2004**



2. New Mailing Address <b>318 S. Scenic Hwy Suite 103</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>Lake Wales FL 33853</b>		5. Date Organized or Quantified To Do Business in Florida <b>09/11/2002</b>	
Principal Place of Business <b>1 NORTH SCENIC HIGHWAY, SUITE 100 LAKE WALES FL 33853</b>	3. New Principal Place of Business Address <b>318 S. Scenic Ste. 103</b>	6. FEI Number <b>54-2069269</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
City, State, Zip <b>Lake Wales FL 33853</b>		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent <b>WILLIAMS, VANESSA M 1 NORTH SCENIC HIGHWAY, SUITE 100 LAKE WALES FL 33853</b>	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>318 S. Scenic Hwy Ste. 103</b> City <b>Lake Wales</b> FL Zip <b>33853</b>
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Vanessa Williams* Date **1-04-03**

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	WILLIAMS, VANESSA M	1 NORTH SCENIC HIGHWAY, SUITE 100 <b>318 S. Scenic Hwy Suite 103</b>	LAKE WALES FL 33853 <b>Lake Wales FL 33853</b>
		600026881296 01/13/04--01087--007 **200.00	
<b>REINSTATEMENT 2003-2004</b>			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *Vanessa Williams* Date **01-04-03** Daytime Phone **(863) 679-3234**

Typed or printed name of signing Managing Member/Manager **Vanessa Williams**

CR2E084 (7/03)