

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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FILED

06 OCT -6 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L05000091376
1. Entity Name
GENESIS INTERNATIONAL GROUP, LLC

Principal Place of Business
10623 LAKE TAMONIA DRIVE
TALLAHASSEE, FL 32312

Mailing Address
POST OFFICE BOX 13914
TALLAHASSEE, FL 32317

2. Principal Place of Business
8104 lantern light Rd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State

Zip
32312

Country
U.S.A.

10062006 REIN-LLC CR2E101 (11/05)

4. FEI Number
20-3885969

5. Certificate of Status Desired \$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent
GEEKER, VAN P ESQUIRE
C/O IGLER & DOUGHERTY, P.A.
2457 CARE DRIVE
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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.

SIGNATURE /s/ VAN P. GEEKER
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME <i>MGM</i> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete - Allen R. Moayad 8104 lantern light Rd. Tallahassee, FL 32312
TITLE NAME <i>MGM</i> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete - Patricia M. Moayad 8104 lantern light Rd. Tallahassee, FL 32312
TITLE NAME <i>MGM</i> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete - Assadollah R. Moayad 4906 Highgrove Road Tallahassee, FL 32309
TITLE NAME <i>MGM</i> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete - Fatemeh Dowjahan 4906 Highgrove Road Tallahassee, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200080736682 10/11/06--01063--008 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2006

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Allen R. Moayad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: Oct. 5, 2006 Daytime Phone #: 850-508-7944