

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 10 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11953

1. Corporation Name

Genesis Health Care & Cons. Svcs Inc.
Consultant Services, Inc.
w03 - 29285

REINSTATEMENT 01-03

600023234956
09/22/03--01042--008 **479.00

2. Principal Office Address

21324 Sunesta Way

3. Mailing Office Address

Same

Suite, Apt. #, etc.

0

Suite, Apt. #, etc.

0

City & State

Boca Raton, FL

City & State

FL

Zip

33433

Country

Palm Beach

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1989

5. FEI Number

65-0199130

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Harold L. Fein

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

14482 Via Royale
Delray Beach, Florida 33446

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Harold Fein

Date

9/6/03

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
Pres	Gretchen E Behrhorst	21324 Sunesta Way	Boca Raton, FL 33416

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:

Gretchen Behrhorst

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/03

Date

561 495 2148

Daytime Phone #

CR2E081 (10/02)

10/6/03

Gretchen Behrhorst
21374 Sonesta Way
Boca Raton, FL 33433

Florida Department of State
Mr. Sean Toner
Section Administrator
Ref- L11953

Dear Mr. Toner,

I am writing you to request that you waive fees, and or fines that are being charged to Genesis Health-Care. I never received notification for annual report filing for the following years – 2001, 2002, 2003.

Thank you for taking my situation under consideration with regard to "failure of form delivery".

Sincerely,



Gretchen E. Behrhorst
President