

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L19000260503

1. Limited Liability Company's Name
GENESIS SECURITY, LLC

2. Principal Office Address - No P.O. Box #
7698 Municipal Drive

Suite, Apt #, etc.

City & State
Orlando, Florida

Zip
32819

Country
United States

3. Mailing Office Address
7698 Municipal Drive

Suite, Apt #, etc.

City & State
Orlando, Florida

Zip
32819

Country
United States

8. Name and Address of Current Registered Agent

Name
DMRA LAW LLC

Street Address (P.O. Box Number is Not Acceptable) Suite,
1111 Brickell Ave

Apt. #, Etc.
Suite 1550

City
Miami

State
FL

Zip Code
33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **December 16, 2020**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MBR	Morales Rodriguez, Roberto P	13733 Benavente Ave	Orlando, FL 32827
MBR	Morales Laboy, Roberto	13733 Benavente Ave	Orlando, FL 32827
MGR	Morales Garcia, Yasel	14818 Winter Stay Dr	Winter Garden, FL 34787
MBR	Morales Laboy, Emilio	13733 Benavente Ave	Orlando, FL 32827

11. E-mail Address **juan.ramos@dmralaw.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

Dec. 16, 2020

Daytime Phone # **787-590-9616**

Typed or printed name of signing authorized representative/member

Yasel Morales

300357659213
12/29/20--01030--024 **238.75

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CR2E041 (1/14)

4. State/Country of Formation
Florida, United States

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
84-3564192

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a certificate of status**

2020 Dec 30 PM 12:07
DIVISION OF CORPORATIONS

DEC 30 2020

R. HUNT