

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JAN -6 AM 8:59

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000002428

Name and Mailing Address

0012966 01 AT 0.292 **AUTO T7 0 0615 33486-440460

GENESIS MARKETING & PROMOTIONS, LLC
1360 SW 5TH STREET, SUITE 101
BOCA RATON FL 33486-4404

500026046975
01/05/04--01005--017 **150.00



2. New Mailing Address		4. State/Country of Formation CT	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/26/2001	
Principal Place of Business 1360 SW 5TH STREET, SUITE 101 BOCA RATON FL 33486	3. New Principal Place of Business Address	6. FEI Number 06-1566117	Applied For Not Applicable
City, State, Zip		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	9. Name and Address of New Registered Agent
SUTHERLAND, ROHAN 1360 SW 5TH STREET, SUITE 101 BOCA RATON FL 33486	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 *[Signature]* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 12-10-03

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
MGR	SUTHERLAND, ROHAN	1360 SW 5TH STREET, SUITE 101	BOCA RATON FL 33486
MGR	JENKINS, OLIVER	1360 SW 5TH STREET, SUITE 101	BOCA RATON FL 33486
MGR	SUTHERLAND, AINSLEY	2735 N.W. 73RD AVENUE	SUNRISE FL 33313
REINSTATEMENT 2003			

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

[Signature] **SIGNATURE REQUIRED**

Date 12-10-03

Daytime Phone # 561-859-7552

Typed or printed name of signing Managing Member/Manager