

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR -6 PM 3:28

DOCUMENT # *N01000008305*

1. Corporation Name

*Genesis Village + Human Services Complex Inc*

2. Principal Office Address

*615 W Church St*

Suite, Apt. #, etc.

City & State

*Orlando FL*

Zip

*32805*

Country

*United States*

3. Mailing Office Address

*P.O. Box 2566*

Suite, Apt. #, etc.

City & State

*Orlando FL*

Zip

*32802*

Country

*United States*

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required  
for a Certificate of Status**

*600014413556*

*03/20/03 01056--030 \*\*183.75*

*5/29/02 93617 001 210*

*02-03UBR*

7. Name and Address of Current Registered Agent

Name

*Darden, G.M.*

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

*5420 Karen Ct*

Suite, Apt. #, Etc.

City

*Orlando*

State  
**FL**

Zip Code  
*32811*

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

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
D	Darden, G.M.	5420 Karen Ct	Orlando FL 32811
D	Byrd-Burks, Karen	7238 Pinion Dr	Orlando FL 32811
T	Rouse Dupree, Vern	3244 Wolcott Place	Orlando FL 32805
			<i>[Signature]</i>

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (10/02)

2al 2

Genesis Village Human Service Center  
Men Counseling Center.

The cooperation that was received a rejection letter from ~~my~~<sup>your</sup> office, ~~the~~ upon receipt of the second notice we call the Department of Cooperation office, the person I spoke to was very rude and not helpful, therefore we did not know what to do, we are requesting that you all waive the Penalties fees in this matter.

Kare Berdine