

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION REINSTATEMENT**  
**01-02 UBR**

**FLORIDA DEPARTMENT OF STATE**  
**Jim Smith**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**DOCUMENT # N99000002560**

**1. Corporation Name**  
**The GENESIS Future, Incorporated**

**2. Principal Office Address**  
**2417 Lake Debra Dr.**  
 Suite, Apt. #, etc.

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

**City & State**  
**Orlando, Florida**

**City & State**

**Zip** **Country**  
**32835 U.S.A**

**Zip** **Country**

**FILED**

**02 SEP 27 AM 10: 05**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**200008138482--6**  
**-10/02/02--01003--013**  
**\*\*\*\*122.50 \*\*\*\*122.50**

**01-02 UBR**

**4. Date Incorporated or Qualified To Do Business in Florida**  
**4/22/99**

**5. FEI Number**  
**59-357-2460**

**Applied For**  
**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75 Additional Fee required for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

**Name**  
**Rhonda D. Baker**

**Street Address (P.O. Box Number is Not Acceptable)**  
**2417 Lake Debra Dr.**

**Suite, Apt. #, Etc.**

**City** **State** **Zip Code**  
**Orlando, FL 32835**

**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** **Date**  
**[Signature] 9/21/02**

**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
Dir.	Charlotte AcLee	4748 Barley Street	Orlando, FL 32811
Dir.	Willie Booker	5379 LK Bluff Terrace	Sanford, FL 32771
Dir.	Bianca Chappelle	54 Judith Lane	Orlando, FL 32811
Dir.	Rhonda D. Baker	2417 Lake Debra Dr.	Orlando, FL 32835

**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:** **Rhonda D. Baker** **9/21/02 (407) 290-3358**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25081 (9/01)

Zal

September 21, 2002

Dear Michelle,

Per our conversation, enclosed are the forms discussed, accompanied by the appropriate fees. As we did not receive the incorporation renewal, please waive the reinstatement fee.

Enclosed are three sets of applications, please process them in the following order:

1. Reinstatement Application
2. Articles of Amendments to Articles of Incorporation
3. Application for Registration of Fictitious Name

If you have any questions you can reach me at my home number (407) 290-3358 or at work (407) 648-1978 x17. As I am a teacher it is a bit difficult to talk in class. Hopefully, the paper work has been completely satisfactorily. We really need for this to be a speedy turn around. Enclosed is a pre-paid overnight envelope for return after completing these processes.

Thanks so much!



Rhonda Baker, Executive Director

In His Presence Productions, Inc. D.B.A. Victory Dance International

P. S.

Would you please e-mail me when the "Certs of Status" are sent back?

Rbaker3@cfl.rr.com