PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE OF
DOCUMENT # 12900003080		
GENESIS SOCI	FR CLUB ITAL	•
A Company		
2. Principal Office Address	3. Mailing Office Address	02.01
-197 Rio-DR	97-R10-DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	FINSTATEMENT 4. Date Incorporated or Qualified To Do Business in Florida
City & State	City & State	
Ponte Vedra, F1.	Ponse Vedra Fr.	5- FEI Number Applied For Not Applicable
Zip Country	Zip Country	6.
32082 US	32082	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required
7. Name and Address of Current Registered Agent		
Name 4000044473744-8		
Name		
Street Address (P.O. Box Number is Not Acceptable) ####236, 25 #####236, 25 #####236, 25 #####236, 25 #####236, 25 ##################################		
Suite, Apt, #, Etc.		
City Ponte Vedas State Zip Code FL 32082		
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 5/15/0/		
Registered AgentRE	GISTERED ACENT 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	014. (014.) (77.)
PARSO CARY L. M	reile 97 Rio PR	Ponte Vedra
VICE D TRACK MC	(ne) 97 R. Pr	Pore Valor Fi
Secp Vinania Edel.	soil- 48 Sennoli-	Rd West Hertford
		4000044473748
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		AD
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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, 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 AND YPED OR PRINTED NAME OF PIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #		