

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

02 DEC 23 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000073723

1. Corporation Name

Genesis Construction Inc.

2. Principal Office Address

1740 SW Biltmore St

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip

34984

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/2000

5. FEI Number

105-1065989

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

Steven DiBenedetto

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

1031 SE Green Acres Cir

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34952

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

Steven DiBenedetto

Date

12/18/02

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
Pres	Steven DiBenedetto	1740 SW Biltmore St	Port St. Lucie, FL 34984

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:

Steven DiBenedetto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/19/02 (772) 785-0250

Daytime Phone #

CR2E081 (8/01)

25 12/30

To Whom it may concern,

12/19/22

We are sending you a downloaded copy of corporation reinstatement form.

Because we haven't received an application, via U.S. Postal. I was instructed to download a copy of the form and send with a check of \$150.00.

Steve D. Barstett

President Genesis Const. Co.