

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 NOV -6 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # *P0000094739*

1. Corporation Name

Genesis Engineering & Constructors Corp.

2. Principal Office Address

2858 Remington Green P.O. Box 14126

Suite, Apt. #, etc.

Circle Suite 116

City & State

Tallahassee FL

Zip

32317

Country

LEON

3. Mailing Office Address

P.O. Box 14126

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32317

Country

USA

400004672794--3
-11/08/01--01061--012
****158.75 ****158.75

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

5. FEI Number

☒ 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

ED FREEMAN

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

901 Grove Land Hills Dr

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32317

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

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
<i>C</i>	<i>ED FREEMAN</i>	<i>901 Grove Land Hills Dr</i>	<i>Tallahassee FL 32317</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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NOV 6 2001

CR2E081 (9/00)

to whom it may concern
I didn't receive any notices
for the year 2001, I
also am asking to have late
fees waived

Thank you

ED Freeman