


2005 FOR PROFIT CORPORATION REINSTATEMENT

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05 DEC 12 AM 10:35
FILED
TALLAHASSEE, FLORIDA

DOCUMENT # P00000112717		
1. Entity Name GENESIS ADULT CARE, INC.		

Principal Place of Business 718 N.W. 132ND PLACE MIAMI, FL 33182	Mailing Address 718 N.W. 132ND PLACE MIAMI, FL 33182
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



11212005 REIN-P CR2E098 (6/04)

4. FEI Number 65-1061520		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SOTOLONGO, ADEL 718 N.W. 132 PLACE MIAMI, FL 33182-2242		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 33182

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) T. Hobona DEC 1 2005

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOTOLONGO, YANIRA 718 N.W. 132 PLACE MIAMI, FL 331822242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/05
Date Daytime Phone #

P3 2022

**DIVISION OF CORPORATIONS
ANNUAL REPORT OR REINSTATEMENT
GENESIS ADULT CARE, INC.
DOCUMENT # P00000112717**

November 8, 2005


To Whom It May Concern:

I am writing this letter to explain the reason why I did not file the annual report, For the year 2005, I never received the letter for the renewal. I was expecting for the Letter and never got on my mail for this reason I am writing this letter to consider this inconvenience and renew it without any late fee. I am enclosing the payment for the year of \$150.00

I feel sorry for any inconvenience.

If you have any question do not hesitate to contact me at (786)306-2610

Sincerely,



**ADEL SOTOLONGO
REGISTERED AGENT**