

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:27

DOCUMENT # **P00000112717**

1. Corporation Name

GENESIS ADULT CARE, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
REINSTATEMENT

Principal Place of Business

Mailing Address

718 N.W. 132ND PLACE
 MIAMI FL 33182

718 N.W. 132ND PLACE
 MIAMI FL 33182

01/16/03 90141 028 \$150.00



01/07/03 90139 040 \$50.00
 65-1067520

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/08/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

~~APPLIED FOR~~

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SOTOLONGO, MIRTA MARIA	718 N.W. 132 PLACE	MIAMI FL 33182

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOTOLONGO, MIRTA MARIA
 718 N.W. 132 PLACE
 MIAMI FL 33182-2242

Name

Street Address (P.O. Box Numbers Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10/27

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SOTOLONGO

Date

REGISTERED AGENT MUST SIGN

11. 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

Sotolongo

Date

Daytime Phone #

10/15/03

CR20040 (7/03)

October 15, 2003


Florida Department of State
Att: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: FEI Number
Genesis Adult Care, Inc.
#65-1061520

Enclosed please find the FEI number for Genesis Adult Care, Inc.
I understand that in order to keep the corporation active the
number is required yet I had not received any correspondence
requesting such.

I apologize for any inconvenience and if you have any questions
please feel free to contact me @ 305-409-6952.

Best Regards,


Mirta Sotolongo
President
Genesis Adult Care, Inc.