

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 OCT 24 PM 1:24

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000020922**

1. Corporation Name  
**GENE'S MOBIL, INC.**

Principal Place of Business Mailing Address  
**9490 90 AVE** ~~**8990 20 ST**~~  
**VERO BEACH FL 32967** ~~**VERO BEACH FL 32966**~~



REINSTATEMENT **02**

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

2. New Principal Office Address, if Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. New Mailing Office Address, if Applicable  
**9490 90th AVE**  
**VERO BEACH FL 32966**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida **02/27/2001**

5. FEI Number **65-1081430** Applied For Not Applicable

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
D	DUFFY, EUGENE J	5047 A1A, APT 705	FT PIERCE FL 34949
D	DUFFY, DOLORES T	5047 A1A, APT 705	FT PIERCE FL 34949

**800008575106**  
~~10/24/02-01093-022~~ \*\*750.00

8. Name and Address of Current Registered Agent

**DUFFY, EUGENE J**  
**8990 20 ST**  
**VERO BEACH FL 32966**

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

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 *Dolores Duffy* **SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date **10/22/02**

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]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/22/02** Daytime Phone # **772-569-7755 or 772-258-4801**

CR2E040 (8/02)