



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000089884 1. Entity Name GENEVIEVE'S INVESTMENT, INC.						FILED 05 SEP -7 PM 2:41 04-05 TALLAHASSEE, FLORIDA T. ROBERTSON 	
Principal Place of Business 1311 S.W. SANTA BARBARA PLACE CAPE CORAL, FL 33991				Mailing Address 1311 S.W. SANTA BARBARA PLACE CAPE CORAL, FL 33991			
2. Principal Place of Business Suite, Apt. #, etc. <i>same as above</i>			3. Mailing Address <i>same as above</i>			08242005 REIN-P CR2E098 (6/04)	
City & State <i>same as above</i>			City & State			4. FEI Number 65-1134362	
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GIL, GENEVIEVE C 1311 S.W. SANTA BARBARA PLACE CAPE CORAL, FL 33991				7. Name and Address of New Registered Agent Name <i>NA</i> Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <i>[Signature]</i> 08/02/05 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>							
FILE NOW!!! FEE IS \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIL, GENEVIEVE C 1311 S.W. SANTA BARBARA PLACE CAPE CORAL, FL 33991			TITLE NAME STREET ADDRESS CITY-ST-ZIP	900058973939 08/25/05--01062--002 **900.00		
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		
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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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		
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				08/24/05 (239) 470-18926 <small>Date Daytime Phone #</small>			