

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P02000006310

1. Corporation Name

GEN, INC.

Principal Place of Business

412 GOLDEN SANDS DR
SARASOTA FL 34232

Mailing Address

~~412 GOLDEN SANDS DR~~
SARASOTA FL 34232

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

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 51902

Sarasota

34232

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/2002

5. FEI Number

30-0021070

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GOMEZ, JOSE N	2833 TARANDOR PLACE	SARASOTA FL 34235

REINSTATEMENT

8. Name and Address of Current Registered Agent

GOMEZ, JOSE N

~~2833 TARANDOR PLACE~~

~~SARASOTA FL 34235~~

9. Name and Address of New Registered Agent

Name

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

412 Golden Sands Dr.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34232

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

Jose N Gomez
REGISTERED AGENT MUST SIGN

Date 10/15/03

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:

Jose N Gomez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03

Daytime Phone #

CR2E040 (7/03)

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GEN, INC.
412 GOLDEN SANDS DR.
SARASOTA, FL 34232
941-228-6387

October 15 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

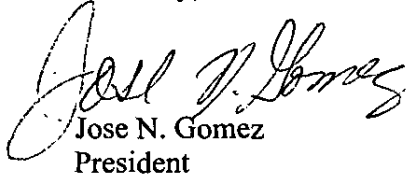
RE: P02000016807

My accountant has brought to my attention the fact that my corporation has been administratively dissolved for lack of filing the annual report. I never received the original UBR form for my corporation for 2003. I have completed the attached form and am sending it in along with a check for \$150.00. I request that the corporation "GEN, Inc." be kept active for 2003. I ask that you waive the related late filing fees for the UBR for the year 2003.

If this is a suitable solution, please accept my check as payment to bring my corporation back into active status with the State of Florida.

Thank you for your time and consideration in this pressing matter.

Sincerely,


Jose N. Gomez
President

RAL/jas

Enc. Check
Corporation Reinstatement