

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP -8 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000054884

1. Corporation Name

GENIKON CORPORATION

2. Principal Office Address - No P.O. Box #
2301 W Plano Pkwy

3. Mailing Office Address
2301 W Plano Pkwy

Suite, Apt. #, etc.
106

Suite, Apt. #, etc.
106

City & State
Plano, TX

City & State
Plano, TX

Zip
75075-8428

Country
USA

Zip
75075-8428

Country
USA

800160402818
09/08/09--01004--025 **900.00
CR2E081 (12/08)

**4. Date Incorporated or Qualified
To Do Business in Florida** 05/19/2003

5. FEI Number
27-0058310

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
United Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
9200 South Dadeland Blvd. Ste. 508

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33156

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Maris Lange V.P.
REGISTERED AGENT MUST SIGN

Date 09/02/09

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Chairman	Claudio Ballard	26 S Compass Drive	Ft Lauderdale, FL 33308
Pres.			

10. 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 contained in Chapter 119, 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:

Claudio Ballard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 1, 2009 347-247-5000

Date Daytime Phone #

SEP - 8 2009