

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000002652

1. Entity Name  
GENESIS SCHOOL TRANSPORTATION, INC.



FILED

05 NOV -1 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3212 BREWSTER DR  
KISSIMMEE, FL 34743

Mailing Address  
3212 BREWSTER DR  
KISSIMMEE, FL 34743

2. Principal Place of Business

3212 BREWSTER DR

Suite, Apt. #, etc.

KISSIMMEE

City & State

KISSIMMEE FL

Zip

34743

Country

OSCEOLA

3. Mailing Address

EQUAL

Suite, Apt. #, etc.

EQUAL

City & State

EQUAL

Zip

34743

Country

OSCEOLA

10062005

REIN-P

CR2E098 (6/04)

4. FEI Number

56-2485613

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARISMENDY, PERALTA  
3212 BREWSTER DR.  
KISSIMMEE, FL 34743

7. Name and Address of New Registered Agent

Name  
Arismendy Peralta  
Street Address (P.O. Box Number is Not Acceptable)  
3212 BREWSTER DR

City  
KISSIMMEE FL Zip Code  
34743

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

Arismendy Peralta

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10-22-05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
P PERALTA, ARISMENDY  
STREET ADDRESS  
3212 BREWSTER DR  
CITY- ST- ZIP  
KISSIMMEE, FL 34743

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

400061079794  
11/01/05--01061--011 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

400061079794  
11/01/05--01061--012 \*\*8.75

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
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CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ 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:

Arismendy Peralta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-05

Date

Daytime Phone #