

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -4 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000032557

1. Corporation Name

GENESIS SYSTEMS, CORP

500103279195
05/25/07--01012--020 **300.00

2. Principal Office Address - No P.O. Box #
7825 CAMINO REAL

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
J-108

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33143

Country

Zip

Country

REINSTATEMENT 06-07 WOP

4. Date Incorporated or Qualified
To Do Business In Florida **03-02-2005**

5. FEI Number **20-2853043**

☐ 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 **MARVIN L MADUENO**

Street Address (P.O. Box Number is Not Acceptable)
7825 CAMINO REAL

Suite, Apt. #, Etc. **J-108**

City **MIAMI**

State **FL** Zip Code **33143**

☐ 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

Date **04-30-2007**

REGISTERED AGENT MUST SIGN

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
PD	MADUENO MARVIN L.	7825 CAMINO REAL #J-108	MIAMI FL 33143

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/07

786-380-2441

Date

Daytime Phone #

APRIL 30, 2007.

FLORIDA DEPARTMENT OF STATE
Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Corporate Annual Fee # P05000032557

Dear Secretary of State:

The Purpose of this letter is to request an exemption of penalty for late payment year 2006-2007 **and reinstatement**, according with Uniform Business Report of **GENESIS SYSTEMS, CORP., a Florida Corporation.**

I have not paid Annual Fee Corporation on time because I, don't received the corporate annual report, however I, want to hold the name for my small business, I have attached annual fee payment check for amount of \$ 300.00.

Should you have any question regarding this matter, please call me at telephone number (786) 380-2441.

Sincerely,

GENESIS SYSTEMS, CORP



MARVIN L MADUENO

President