

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 DEC 13 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # FD5000164318

1. Corporation Name

GENIUS GNEISS GROUP, INC.

12-17-07
000113083500
12/12/07--01048--001 **300.00

2. Principal Office Address - No P.O. Box #

1401 E. Broward Blvd.

Suite, Apt. #, etc.

Suite 103-12

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

3. Mailing Office Address

1401 E. Broward Blvd.

Suite, Apt. #, etc.

Suite 103-12

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida

12-19-05

5. FEI Number

20-3963071

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

XOX

7. Name and Address of Current Registered Agent

Name

PAUL GARLAND

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

1401 E. Broward Boulevard

Suite, Apt. #, Etc.

Suite 103-12

City

Ft. Lauderdale

State

FL

Zip Code

33301

☒ 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

[Signature]

Date 6 DEC 07

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
<u>PD</u>	<u>PAUL GARLAND</u>	<u>1401 E Broward Blvd</u> <u>Suite 103-12</u>	<u>Ft. Lauderdale, FL</u> <u>33301</u>

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] PAUL GARLAND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 DEC 07 (407) 252-0976
Date Daytime Phone #