

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000025261

1. Entity Name  
GENESIS IT SOLUTIONS, INC.



FILED

08 NOV 10 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2946 SOUTH UNIVERSITY DR.  
APT. 7111  
DAVIE, FL 33328

Mailing Address  
2946 SOUTH UNIVERSITY DR.  
APT. 7111  
DAVIE, FL 33328

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
200 MT. PLEASANT AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 6-10

City & State

City & State  
WEST ORANGE, NJ

Zip

Country

Zip

07052

Country

USA



11052008

REIN-P

CR2E098 (1/07)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional-  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALAVIA, APOORVA  
2946 SOUTH UNIVERSITY DR.  
APT. 7111  
DAVIE, FL 33328

Name

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

City

FL

Zip Code

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

*Malavia*

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

(NOTE: Registered Agent signature required when reinstating)

11-5-08

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
MALAVIA, APOORVA  
2946 SOUTH UNIVERSITY DR. APT. 7111  
DAVIE, FL 33328 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
000137780060  
11/10/08-01020--010 \*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MALAVIA, APOORVA  
2946 SOUTH UNIVERSITY DR. APT. 7111  
DAVIE, FL 33328 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEC  
MALAVIA, APOORVA  
2946 SOUTH UNIVERSITY DR. APT. 7111  
DAVIE, FL 33328 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREA  
MALAVIA, APOORVA  
2946 SOUTH UNIVERSITY DR. APT. 7111  
DAVIE, FL 33328 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Malavia* ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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 exemptions contained in Chapter 119, 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:

*Malavia*

11-5-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #