

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # P93000020250

1. Corporation Name  
 GENOT I, INC.

**FILED**  
 96 DEC 11 AM 11:16  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**REINSTATEMENT**

*94-98*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable  
 1717 North Bayshore Drive  
 Suite, Apt. #, etc.  
 Apt. 3640  
 City & State  
 Miami, Florida  
 Zip  
 33132  
 Country  
 USA

3. New Mailing Office Address, if Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
 Country

4. Date Incorporated or Qualified To Do Business In Florida  
 March 17, 1993

5. FEI Number  Applied For  Not Applicable

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Eugene Otto-Bruc	1717 North Bayshore Dr. #3640	Miami, Florida 33132
V/S/D	Marc-Antoine Martin	1717 North Bayshore Dr. #3640	Miami, Florida 33132

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 -12/22/98-01051--021  
 \*\*\*1358.50 \*\*\*1358.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
 Marc-Antoine Martin  
 Street Address (P.O. Box Number is Not Acceptable)  
 1717 North Bayshore Drive,  
 Suite, Apt. #, Etc.  
 Unit 3640  
 City  
 Miami  
 State  
 FL  
 Zip Code  
 33132

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Marc-Antoine Martin* Date *Dec/07/98*  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: *Marc-Antoine Martin* Marc-Antoine Martin  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E640 (1/93)