

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

FILED

03 MAR 24 PM 3: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000070045

1. Corporation Name

Genesis Austin, Inc

2. Principal Office Address

7700 W 24th Ave

Suite, Apt. #, etc.

5

City & State

Hialeah, FL

Zip

33016

Country

USA

3. Mailing Office Address

7700 W 24th Ave

Suite, Apt. #, etc.

5

City & State

Hialeah

Zip

33016

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/22/1994

5. FEI Number

65-0522467

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

Lazaro Lemus

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

7700 W 24th Ave

Suite, Apt. #, Etc.

5

City

Hialeah

State

FL

Zip Code

33016

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

REGISTERED AGENT MUST SIGN

Date 03/21/03

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
P	Lazaro Lemus	7700 W 24th Ave #5	Hialeah, FL 33016

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 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:

Lazaro Lemus

03/21/03

305-819-0002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

292

March 21, 2003

State of Florida Div of Corp
PO Box 6327
Tallahassee, Fl. 32314

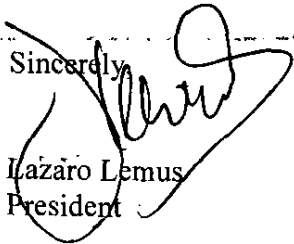
RE: Genesis Austin, Inc.
P94000070045

To whom it may concern:

Please be advised by this letter that we never received the renewal form for the above mentioned corporation. Our lawyer is the one who informed us that the corporation is inactive. We are enclosing a reinstatement form and a check for \$300.00 for the renewal of the corporation.

Please also note the changes on the form and update your records accordingly.

Sincerely,


Lazaro Lemus
President