PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN <sup>*</sup>



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DDCUMENT# P96000076715

Sorporation Name

GENESIS ONE COMPUTER COMPANY, INC.

Name of Officers

and/or Directors

Principal	Place (	of Busi	iness

Mailing Address

7470 SAN CLEMENTE PLACE BOCA RATON FL 33433

Title(s)

D

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MILLER, RICHARD

ISRAEL, BEN

7470 SAN CLEMENTE PLACE BOCA RATON FL 33433

If above addre	sses are incorrect in any	way, line thro	ugh incorrect info	rmation and enter correction	below.
New Principal Office Address, If Applicable		3. New Mailing	4. Date Inco		
Suite, Apt. #, et	c.		Suite, Apt. #, et	c.	5. FEI Num
City & State	المارية المنافرية المنافرية المنافرية المنافرية المنافرية المنافرية المنافرية المنافرية المنافرية ا	<u> </u>	City & State	7. ~~ =	
Zip	Country		Zip	Country	6. CERTIFIC
7. Names and	I Street Addresses of Each	Officer and/o	Director (Florid	a nonprofit corporations mus	t list at least 3 directors)

FILED

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ter correction below.	LIE III	STATEM			
, If Applicable		orated or Qualified less in Florida	09/16/19	996	
<u> </u>	5. FEI Number	65-0708686		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED					
porations must list at lea	ast 3 directors)				
Street Address of Each Officer and/or Director		4	city / State / Zip	•	

**BOCA RATON FL 33433** 

**BOCA RATON FL 33433** 

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	v					-12/29/99 ****750.0	01011002 00 ****750.0
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent				
			Name				
MILLER, RICHARD 7470 SAN CLEMENTE PLACE		Street Address (P.O. Box Number is Not Acceptable)					
BOCA RATON FL 33433		Suite, Apt. #, Etc.					
				City		Ste	ate Zip Code
10. I, being	appointed the registered ager	nt of the above named corpo	yatjon, am familiar	with and accept the obligati	ions of Section	607.0505, F.S.	

7470 SAN CLEMENTE PLACE

3040 N.W. 23RD COURT

11. 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

Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

12-15-99 51-368-166