

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 # P96000079097

1. Corporation Name

GENESIS UNITED, INC.

Principal Place of Business

Mailing Address

~~10700 SUTTON PARK DRIVE NORTH~~  
~~SUITE 1024~~  
JACKSONVILLE FL 32224

~~13700 SUTTON PARK DRIVE NORTH~~  
~~SUITE 1024~~  
JACKSONVILLE FL 32224

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

2. New Principal Office Address, If Applicable  
9633 Old St. Augustine Rd.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
Same  
Suite, Apt. #, etc.

City & State  
Jax FL  
Zip  
32257  
Country

City & State  
Zip  
Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/24/1996

5. FEI Number

59-3402346

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
Pres.	GARY J. GORDON 9633 Old St. Augustine Rd.	Jax, FL 32257	100002420411--6 -02/03/98--01097--004 ****750.00 ****750.00
V.P.	Same		
Sec.	Same		
Treas.	Same		100002420411--6 -02/03/98--01097--005 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

GORDON, GARY J  
10700 SUTTON PARK DRIVE NORTH  
SUITE 1024  
JACKSONVILLE FL 32224

9. Name and Address of New Registered Agent

Name

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

9633 Old St. Augustine Rd.  
Suite, Apt. #, Etc.

City

Jax

State

FL

Zip Code

32257

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12/2/97

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/97

Date

(904) 2603438

Daytime Phone #

FILED

98 JAN 30 AM 8:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

97-98

AD

CR21040 (8/97)