PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 MAR -8 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000070140**

1. Corporation Name

GENSYS CORP.

Principal Place of Business	Mailing Address
2222 BRICKELL AVE., SUITE 2 MIAMI FL 33129	2222 BRICKELL AVE., SUITE 2 MIAMI FL 33129

REINSTATEMENT 98-99

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2250 Brickell Ave.	2250 Brickell Ave.
Suite, Apt. #, etc. Suite #8	Suite, Apt. #, etc Suite #8
City & State Miami, FL	City & State Miami, FL
Zip 33129 Country	Zip 33129 Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/04/1997

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
T/D	Luis Roberto Illanes Alvarez	2250 Brickell Ave. Ste.8	Miami, FL 33129
V/D	Cesar Pablo Rodriguez Gomez	2250 Brickell Ave. Ste.8	Miami, FL 33129
P/D	Jaime Antonio Soto Munoz	2250 Brickell Ave. Ste.8	Miami, FL 33129
S/D	Fernando Miguel Cubillos Gomez	2250 Brickell Ave. Ste.8	Miami, FL 33129

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****900.00 ****900.00

8. Name and Address of Current Registered Agent

VILLANUEVA, SCOTT G
1500 NW 25TH ST., SUITE 209
MIAMI FL 33122

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City | State FL | Zip Code

CR2E040 (9/98)

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: Scott Vill — Date: 2/12/99

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: _____ 2/12/99 (Date) 305-591-4331 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR