

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

01 NOV -2 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S17528**

1. Corporation Name

**GENESIS ELECTRONICS COMPANY OF NORTHWEST FLORIDA  
, INC.**

Principal Place of Business

114 E WRIGHT ST  
PENSACOLA FL 32501  
US

Mailing Address

P. O. BOX 7165  
PENSACOLA FL 32534  
US

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

2. New Principal Office Address, If Applicable

**GENESIS ELECTRONIC CO.**  
**15 W. STRONG ST., SUITE 21-B**  
**PENSACOLA, FL 32501**  
**P(850) 433-5991 F(850) 433-3646**

3. New Mailing Office Address, If Applicable

**GENESIS ELECTRONIC CO.**  
**15 W. STRONG ST., SUITE 21-B**  
**PENSACOLA, FL 32501**  
**P(850) 433-5991 F(850) 433-3646**

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/1991

5. FEI Number

59-3045373

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 3	City / State / Zip 4
DP	COOPER, JIMMY K.	<del>4344 LANGLEY AVE D215</del> <b>825 Bay Shore DR</b> <b>#707</b>	<del>PENSACOLA FL 32504</del> <b>PENSACOLA, FL 32507</b>

8. Name and Address of Current Registered Agent

**COOPER, JIMMY K.**  
**4344 LANGLEY AV D215**  
**PENSACOLA FL 32504**  
**825 Bay Shore DR 707**  
**PENSACOLA, FL 32507**

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

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

REGISTERED AGENT MUST SIGN

Date

10/11/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/01 850-433-5991

CR2E040 (8/01)