

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

97 NOV -6 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000002452**

1. Corporation Name
GENESIS BROADCASTING NETWORK CORPORATION

Principal Place of Business 528 N.W. 157 AVENUE PEMBROKE PINES FL 33028	Mailing Address 528 N.W. 157 AVENUE PEMBROKE PINES FL 33028
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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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	05/23/1995
5. FEI Number	APPLIED FOR
65-0791084	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED	<input checked="" type="checkbox"/> \$0.75 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
PD PD	ORTIZ, EDWIN L	528 NW 157TH AVE.	PEMBROKE PINES FL 33028 8
VD	GRUZ, ROBERTO JR.	30045 NW 51ST TERRACE	MIAMI FL 33170
VD	DANIEL CAAMAÑO	448 SUNSET DR	HALLANDALE FL. 33009
SD	ORTIZ, LOIDA CARMEN Y. CAAMAÑO	9725 NW 52ND ST. #100 448 SUNSET DR	MIAMI FL 33170 HALLANDALE FL. 33009
PD SD	ARROYO, MARIA DEL C	528 NW 157TH AVE.	PEMBROKE PINES FL 33028 8
VDS	GARGES, JOSE L	9230 SW 104TH ST.	MIAMI FL 33176

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8. Name and Address of Current Registered Agent

ORTIZ, EDWIN L
528 N.W. 157 AVENUE
PEMBROKE PINES FL 33028

9. Name and Address of New Registered Agent

Name SL 11-10-97
Street Address (P.O. Box Number is Not Acceptable) 900002344649--6
Suite, Apt. #, Etc. 11/12/97-01073-013
****245.00 ****245.00
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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date 10-15-97

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]* Edwin Lemuel Ortiz 10-15-97 (305) 491-8313
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (8/97)