

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 FEB 25 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-04

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002452

1. Corporation Name
Genesis Broadcasting Network Corp.

2. Principal Office Address 11890 SW 8 Street		3. Mailing Office Address P.O. Box 820814	
Suite, Apt. #, etc. 504		Suite, Apt. #, etc.	
City & State Miami, FL		City & State South Florida, Florida	
Zip 33184	Country USA	Zip 33082-0814	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 05/23/1995

5. FEI Number 65-0791084	Applied For Not Applicable
------------------------------------	-------------------------------

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Edwin L. Ortiz

Street Address (P.O. Box Number is Not Acceptable)
6883 SW 194 Avenue

Suite, Apt. #, Etc.

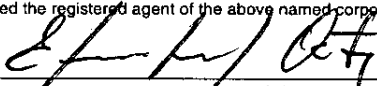
City
Pembroke Pines

State
FL

Zip Code
33332

000029300550
02/24/04--01031--008 **308 25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.


Signature of Registered Agent  Date 2/18/2004

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Ortiz Edwin L.	6883 SW 194 Avenue	Pembroke Pines, FL 33332
VD	Rosado Luis	Carr. 167 KM 19.2	Bayamon, PR, 00959
SD	Otoniel Font	12250 John Young Pkwy	Orlando, FL 32877
TD	Arroyo Maria del C	6883 SW 194 Avenue	Pembroke Pines, FL 33332
SD	Ortiz Lemuel	11890 SW 8 Street, Suite 304	Miami, FL 33184

10. 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:  02/18/2004 (305) 551-6590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)