

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 16 PM 1:32

DOCUMENT # P02000103409

1. Corporation Name

Genesis Financial Mortgage Corporation

REINSTATEMENT 04-06

2. Principal Office Address
13561 SW 62 Street

3. Mailing Office Address
13561 SW 62 Street

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
Suite 1

City & State
Miami, FL

City & State
Miami, FL

Zip
33183

Country
US

Zip
33183

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida 09/25/2002

5. FEI Number
320055987

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
Vanessa Ortega

Street Address (P.O. Box Number is Not Acceptable)
13561 SW 62 Street

500075655545
06/02/06--01006--011 **1050 00

Suite, Apt. #, Etc.
Suite 1

City
Miami

State Zip Code
FL 33183

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 05/12/2006

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
PID	Vanessa Ortega	13561 SW 62 Street	Miami, FL 33183

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 contained in Chapter 119, 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:

Vanessa Ortega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/12/2006

Date

(786)247-0476

Daytime Phone #