

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

PAID
08 DEC -3 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000123999

1. Corporation Name

GENESIS CARPET AND DRYWALL, INC.

2. Principal Office Address - No P.O. Box #
1080 SOUTH HOAGLAND BLVD.

3. Mailing Office Address
1080 SOUTH HOAGLAND BLVD.

Suite, Apt. #, etc.
LOT 66

Suite, Apt. #, etc.
LOT 66

City & State
KISSIMMEE

City & State
KISSIMMEE

Zip Country
34741 FLORIDA

Zip Country
34741 FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida 08/27/2004

5. FEI Number 20-1582482 Applied For Not Applicable

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

100138415301
12/03/08--01041--010 **500.00
REINSTATEMENT 07-08

7. Name and Address of Current Registered Agent

Name
RODRIGUEZ, LETICIA

Street Address (P.O. Box Number is Not Acceptable)
1080 SOUTH HOAGLAND BLVD.

Suite, Apt. #, Etc.
LOT 66

City
KISSIMMEE

State Zip Code
FL 34741

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 11-20-08

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
P	RODRIGUEZ, LETICIA	1080 SOUTH HOAGLAND BLVD. LOT 66	KISSIMMEE, FL. 34741
VP	CERVANTES, JULIO C.	1080 SOUTH HOAGLAND BLVD. LOT 66	KISSIMMEE, FL. 34741

100138415301
12/03/08--01041--011 **400.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-08

Date

407-288-6505

Daytime Phone #

12/4/08