

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 11 PM 3:56

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO6000092907

1. Corporation Name

Genesis Cargo Express Inc

600180414796
05/05/10--01036--017 **100.00
600180414796
05/05/10--01036--016 **500.00

CR20081 (4/10)

2. Principal Office Address - No P.O. Box #

13112 S.W. 68th St

Suite, Apt. #, etc.

3. Mailing Office Address

13112 S.W. 68th St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33183

Country

City & State

Miami, FL

Zip

33183

Country

USA

4. Date incorporated or qualified
To Do Business in Florida

7/13/2006

5. FFI Number

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

Olga Berrio

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

13112 SW 68 ST.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33183

PROFIT CORPORATIONS ONLY
 The \$600.00 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

Olga Berrio

REGISTERED AGENT MUST SIGN

Date 4/29/2010

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Enrique Berrio	13112 SW 68 ST	Miami, FL 33183
DVP	Olga Berrio	13112 SW 68 ST.	Miami, FL 33183

REINSTATEMENT

10. E-mail Address: EBarranquilla@hotmail.com
(To be used for future annual report notification)

I certify that I am an officer or director of 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. Further certify, 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: Enrique Berrio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/29/2010 (305) 388-8770
Daytime Phone #