

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS 98AR 75

DOCUMENT # P97000052683
1. Corporation Name, GENESIS 31GVW, Inc.

FILED
28 JUN 30 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address X P.O. Box 820237
Principal Place of Business Pembrooke Pines, FL 33082-0237

2. New Mailing Address, If Applicable
3. New Principal Office Address, If Applicable
4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number
CERTIFICATE OF STATUS DESIRED [X] \$8.75 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)

Title	Name of Officers and or Directors	Street Address of Each Officer and or Director Do NOT Use Post Office Box Numbers	City, State
P	GILBERTO C. CERDA	21 S.E. 1ST AVE. SUITE 800 MIAMI, FL 33131	MIAMI, FL 33131
VP			
S			
T			

900002582769-3
-07/08/98-01042-022
***1676.25 ***558.75

Handwritten initials and date: 6/19/98

8. Name and Address of Current Registered Agent: RICHARD M. BREWER
21 S.E. 1ST AVE #800
MIAMI, FL 33131

9. Name and Address of New Registered Agent:

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of agent of the corporation.
Signature of Registered Agent: R. BREWER
Date: 6/19/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [] (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [] No [X] (See other side for information on intangible tax)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information supplied on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] x 6/19/98 x (954) 438-1452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 6/19/98
Daytime Phone: (954) 438-1452