

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 11:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L79933**

1. Corporation Name

GENARO'S CORPORATION II

Principal Place of Business

Mailing Address

11751 S.W. FIRST STREET
 PLANTATION FL 33325

11751 S.W. FIRST STREET
 PLANTATION FL 33325

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1000 36 ST

Suite, Apt. #, etc.

W.P.B FL

City & State

33407

Zip

Country

USA

3. New Mailing Office Address, If Applicable

1000 36 ST

Suite, Apt. #, etc.

W.P.B FL

City & State

33407

Zip

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

06/11/1990

5. FEI Number

65-0197532

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT **03**



100024056441
 10/24/03 --01002--014 **750.00

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ESPINAL, GENARO	11751 S.W. FIRST STREET	PLANTATION FL 33325

10/20/03

8. Name and Address of Current Registered Agent

ESPINAL, GENARO
 11751 S.W. FIRST STREET
 PLANTATION FL 33325

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Genaro Espinal
 REGISTERED AGENT MUST SIGN

Date 10-20-03

11. 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:

Genaro Espinal
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-03 (561)863-5541
 Date Daytime Phone #

CR2E040 (7/03)