

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000003957

FILED
Jan 20, 2006
Secretary of State

Entity Name: THE GENESIS FOUNDATION: A NEW BEGINNING, INC.

Current Principal Place of Business:

1144 NW 105TH STREET
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 010842
MIAMI, FL 33101

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JAMES, KWAKU A
1144 NW 105TH STREET
MIAMI, FL 33150 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KWAKU A. JAMES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: JAMES, KWAKU A
Address: 1144 NW 105TH STREET
City-St-Zip: MIAMI, FL 33150

Title: S () Delete
Name: JAMES, TANYA
Address: 1144 NW 105TH STREET
City-St-Zip: MIAMI, FL 33150

Title: C () Delete
Name: PEET JR, ELLIS L
Address: 6970 NW 186TH STREET, SUITE 204
City-St-Zip: MIAMI, FL 33015

Title: T () Delete
Name: GARRETT, DAVID L
Address: 18721 NW 11TH PLACE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KWAKU A. JAMES

C

01/20/2006

Electronic Signature of Signing Officer or Director

Date