FILED

02 DEC 20 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

300011788693
02/04/03--01075--028 **750.00

DOCUMENT # P00000040768

1. Corporation Name
GENESIS REALTY PARTNERS, INC.

REINSTATEMENT 2002

2. Principal Office Address	3. Mailing Office Address
590 Haben Boulevard	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palmetto, FL	City & State:
Zip: 34221 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business In Florida: 04/18/2000

5. FEI Number: X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DENNIS BRADFORD

Street Address (P.O. Box Number is Not Acceptable): 1574 Point Tarpon Boulevard

Suite, Apt. #, Etc.:

City: Tarpon Springs State: FL Zip Code: 34689

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: X [signature] Date: 12-16-02

REGISTERED AGENT MUST SIGN

CR2E061 (5/01)

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/D	DENNIS BRADFORD	1574 Point Tarpon Blvd.	Tarpon Springs, FL 34689
D/S	MICHAEL A. FERNANDEZ	590 Haben Blvd.	Palmetto, FL 34221

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 disqualify 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: X [signature] 12-16-02 941 744 1458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #