


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P00000111318</u> P0000111318			
1. Corporation Name GENESIS RESORTS INTERNATIONAL, INC.			
2. Principal Office Address 590 Haben Blvd Suite, Apt. #, etc.		3. Mailing Office Address same Suite, Apt. #, etc.	
City & State Palmetto, FL		City & State same	
Zip 34221	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 12/4/2000		5. FEI Number XX Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name WILLIAM S. GALVANO			
Street Address (P.O. Box Number is Not Acceptable) 1023 Manatee Avenue West			
Suite, Apt. #, Etc. 100009785271 01/02/03--01036--020 **150.00			
City Bradenton, FL		State FL	Zip Code 34205
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 <u>[Signature]</u> Date _____ REGISTERED AGENT MUST SIGN			
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
PRES	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 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>Dec. 18/02</u> Daytime Phone # <u>941-7044273</u>	

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 02

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