

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 NOV 19 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000082583**

1. Corporation Name

GENOAH DESIGNS, INC.

Principal Place of Business

8307 SW 137 AVE
MIAMI FL 33183

Mailing Address

8307 SW 137 AVE
MIAMI FL 33183

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

2. New Principal Office Address, If Applicable

500 Bayview Dr.

Suite, Apt. #, etc.
520

City & State
Sunny Isles FL

Zip
33160 Country **USA**

3. New Mailing Office Address, If Applicable

500 Bayview Dr

Suite, Apt. #, etc.
520

City & State
Sunny Isles FL

Zip
33160 Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2001

5. FEI Number

65-1132734

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	NOA, JORGE	8307 SW 137 AVE	MIAMI FL 33183
SD	BALMADEA, PEDRO A	8307 SW 137 AVE	MIAMI FL 33183

100024854631
11/19/03--01033--014 **750.00

8. Name and Address of Current Registered Agent

BALMADEA, PEDRO A
8307 SW 137 AVE
MIAMI FL 33183

9. Name and Address of New Registered Agent

Name

Pedro A. Balmaseda

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

500 Bayview Dr

Suite, Apt. #, Etc.

520

City

Sunny Isles

State

FL

Zip Code

33160

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

REGISTERED AGENT MUST SIGN

Date

11/12/03

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:

Pedro A. Balmaseda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/03 (305) 3894612

CR2E040 (7/03)