

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                                                                         |                       |                                                                                                                                                                          |                       |
|-----------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>                                                    |                       |  <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                       |
| <b>DOCUMENT # P02000056722</b>                                                          |                       |                                                                                                                                                                          |                       |
| <b>1. Corporation Name</b><br>GENESIS AIR, INCORPORATED                                 |                       |                                                                                                                                                                          |                       |
| <b>2. Principal Office Address</b><br>5290 NW 20TH TER HANGER 57<br>Suite, Apt. #, etc. |                       | <b>3. Mailing Office Address</b><br>5290 NW 20TH TER HANGER 57<br>Suite, Apt. #, etc.                                                                                    |                       |
| <b>City &amp; State</b><br>FORT LAUDERDALE, FL                                          |                       | <b>City &amp; State</b><br>FORT LAUDERDALE, FL                                                                                                                           |                       |
| <b>Zip</b><br>33309                                                                     | <b>Country</b><br>USA | <b>Zip</b><br>33309                                                                                                                                                      | <b>Country</b><br>USA |

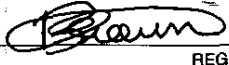
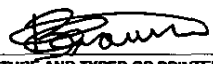
**FILED**  
04 JUL 19 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 03-04**

|                                                                                                                             |                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>4. Date Incorporated or Qualified To Do Business in Florida</b> 05/22/2002                                               |                                                                                            |
| <b>5. FEI Number</b>                                                                                                        | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |                                                                                            |

|                                                                                         |                    |                          |
|-----------------------------------------------------------------------------------------|--------------------|--------------------------|
| <b>7. Name and Address of Current Registered Agent</b>                                  |                    |                          |
| <b>Name</b><br>SHEREE BROWN                                                             |                    |                          |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>5290 NW 20TH TER HANGER 57 |                    |                          |
| <b>Suite, Apt. #, Etc.</b>                                                              |                    |                          |
| <b>City</b><br>FORT LAUDERDALE                                                          | <b>State</b><br>FL | <b>Zip Code</b><br>33309 |

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07/28/04--01042--020 \*\*501.75

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| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |                                                       |                           |
| <b>Signature of Registered Agent</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          | <b>Date</b> 07-16-04                                  |                           |
| <b>REGISTERED AGENT MUST SIGN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                       |                           |
| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |                                                       |                           |
| <b>Titles</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Name of Officers and/or Directors</b> | <b>Street Address of Each Officer and/or Director</b> | <b>City / State / Zip</b> |
| P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SHEREE BROWN                             | 5290 NW 20TH TER HANGER 57                            | FORT LAUDERDALE, FL 33309 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                       |                           |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                       |                           |
| <b>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.</b> |                                          |                                                       |                           |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          | <b>Date</b> 07-16-04                                  |                           |
| <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          | <b>Daytime Phone #</b>                                |                           |

CR2E081 (01/04)

2 of 2

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR THE YEARS OF 2003 & 2004 FROM YOUR OFFICE TO PAY THE UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



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SHEREE BROWN  
PRESIDENT