
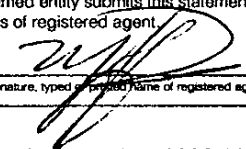
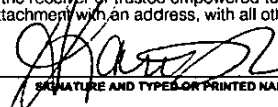


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000085575 1. Entity Name GENESIS REAL ESTATE AND FINANCIAL CONSULTANT, INC.						FILED 06 MAR 29 PM 12:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3121 WEST HALLANDALE BEACH BLVD. 107 PEMBROKE PARK, FL 33009				Mailing Address 3121 WEST HALLANDALE BEACH BLVD. 107 PEMBROKE PARK, FL 33009			
2. Principal Place of Business 2332 N. Dixie Highway Suite, Apt. #, etc.				3. Mailing Address 516 N. Luna Ct Suite, Apt. #, etc.			
City & State Hollywood, FL Zip 33020				City & State Hollywood, FL Zip 33021			
Country Broward				Country Broward			
4. FEI Number 01-0751497				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BOYKIN, BENJAMIN J 3901 SOUTH OCEAN DRIVE 7E HOLLYWOOD, FL 33019			
7. Name and Address of New Registered Agent Name Benjamin J. Boykin Street Address (P.O. Box Number is Not Acceptable) 516 N. Luna Ct. City Hollywood FL Zip Code 33021				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYKIN, BENJAMIN J 3901 SOUTH OCEAN DRIVE APT. 7E HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Benjamin Boykin 516 N. Luna Ct Hollywood, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST BOYKIN, SHARON J 3901 SOUTH OCEAN DRIVE APT. 7E HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST Boykin Sharon 516 N. Luna Ct Hollywood, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				3/20/06 954-963-6833			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			