
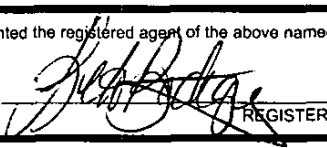
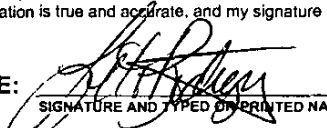


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000123999			
1. Corporation Name GENESIS CARPET AND DRYWALL, INC.			
2. Principal Office Address - No P.O. Box # 1080 SOUTH HOAGLAND BLVD. Suite, Apt. #, etc. LOT 66 City & State KISSIMMEE Zip 34741		3. Mailing Office Address 1080 SOUTH HOAGLAND BLVD. Suite, Apt. #, etc. LOT 66 City & State KISSIMMEE Zip 34741	
Country FLORIDA		Country FLORIDA	
4. Date Incorporated or Qualified To Do Business in Florida 08/27/2004			
5. FEI Number 20-1582482		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 RODRIGUEZ, LETICIA Street Address (P.O. Box Number is Not Acceptable) 1080 SOUTH HOAGLAND BLVD. Suite, Apt. #, Etc. LOT 66 City KISSIMMEE State FL Zip Code 34741			
<input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
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  REGISTERED AGENT MUST SIGN Date 11-20-08			
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	RODRIGUEZ, LETICIA	1080 SOUTH HOAGLAND BLVD. LOT 66	KISSIMMEE, FL. 34741
VP	CERVANTES, JULIO C.	1080 SOUTH HOAGLAND BLVD. LOT 66	KISSIMMEE, FL. 34741
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 contained in Chapter 119, 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: 		11-20-08	407-288-6505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED

08 DEC -3 AM 8:27

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

100138415301
12/03/08--01041--010 **500.00

REINSTATEMENT

07-08

100138415301
12/03/08--01041--011 **400.00

12/4/08