PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

07 FEB 26 AM 9: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800091010828
03/06/07--01009--029 **1050.00

REINSTATEMENT 05-07

CR2E081 (1/07)

DOCUMENT # Po4000156177

1. Corporation Name

GENESIS FURNITURE MANUFACTURING INC.

2. Principal Office Address - No P.O. Box #

3590 NW 71 ST.

Suite. Apt. #, etc.

3. Mailing Office Address

3590 NW 71 ST.

Suite, Apt. #, etc.

City & State

MIAMI FL 33147

City & State

MIAMI FL

Zip 33147	Country USA	Zip 33147	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11-16-2004

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75** Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name TAIMARIS YELASQUEZ

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

3590 NW 71 ST.

Suite, Apt. #, Etc.

City MIAMI	State FL	Zip Code 33147

☐ 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 02-22-07.

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
PRESID	TAIMARIS YELASQUES	3590 NW 71 ST	MIAMI FL 33147

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305 691-5040
3053057090

Daytime Phone #