

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000071375

1. Entity Name
GENESIS TWO SONS INC.



FIL

2006 DEC 18 PM 2:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
2760 W 76TH STREET #204
HIALEAH, FL 33016

Mailing Address
2760 W 76TH STREET #204
HIALEAH, FL 33016



2. Principal Place of Business
6823 W 36 AVE
Suite, Apt. #, etc.
203

3. Mailing Address
Suite, Apt. #, etc.
6823 W 36 AVE Apt 203

12152006 REIN-P CR2E098 (11/05)

City & State
Hialeah FL

City & State
Hialeah, FL

4. FEI Number ☒ Applied For
Not Applicable

Zip
33018 Country
DADE

Zip
33018 Country
DADE

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUINTERO, MIGDALIA
2760 W 76TH STREET #204
HIALEAH, FL 33016

Name
Street Address (P.O. Box Number is Not Acceptable)
6823 W 36 AVE Apt 203
City Hialeah FL Zip Code 33018

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME QUINTERO, MIGDALIA
STREET ADDRESS 2760 W 76TH STREET #204
CITY-ST-ZIP HIALEAH, FL 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 6823 W 36 AVE
STREET ADDRESS APT 203
CITY-ST-ZIP Hialeah, FL 33018

TITLE ☐ Change ☒ Addition
NAME Bruno Abreu
STREET ADDRESS 6823 W 36 AVE
CITY-ST-ZIP Apt 203 Hialeah, FL 33018

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

DEC 18 2006