PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED **APPLICATION** AND FLORIDA DEPARTMENT OF STATE **FOR** DIVISION OF CORPORATIONS REINSTATEMENT 1996 DEC -9 PN 12: 24 DOCUMENT # P95000055016 SECRETARY OF STATE 1. Corporation Name GENOA HOLDINGS CORPORATION Principal Place of Business Mailing Address 343 Almeria Avenue 343 Almeria Avenue Coral Gables, FL 33134 Coral Gables, FL 33134 If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified To Do Business in Florida 2. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable 7-17-95 Suite, Apt. #, etc. Suite, Apt. #. etc. 5. FEI Number Applied For City & State X Not Applicable City & State \$8.75 Additional Fee required Country Zip Country for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Streel Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) D Elsie Sanchez 343 Almeria Avenue Coral Gables, FL 33134 000002025650--****375,00 ****375,00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent AmeriLawyer, Chartered Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue Coral Gables, Florida 33134 Suite, Apt. #, Etc. State Zip Code 10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Amerilawell, dhartered Signature of Registered Agent By: 12-5-96 REGISTERED AGENT MUST SIGN Lawrence J. Spiegel (See other side for 11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box 12. Does this corporation pay any intangible tax to the Double Corporation pay any intangible tax to the Proceedings of Carabas under S. 199.032. Florida Statutes. (See other cide for information on intangible tax.) 🗞 💯 No Yes l 13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is doesned exempt from public access, 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 817, 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., and that all less owed by the corporation have been paid. The trompation indicated on this application is true and accurate, and my signature shall have the same legal effect as it made lees owed by the corporation have been paid. The under eath,

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Elsie Sanchez, Director

(305) 445-2700

Daytime Phone #

12-5-96