


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000046834 1. Corporation Name GENARO'S CORPORATION			
2. Principal Office Address 1000 36TH STREET Suite, Apt. #, etc.		3. Mailing Office Address 1000 36TH STREET Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL Zip 33407 Country USA		City & State WEST PALM BEACH, FL Zip 33407 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 05/28/1996		5. FBI Number 65-0677830	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	

FILED
06 MAY -5 AM 10:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 05/25/06--01044--018 **1058.75

CR2E081 (12/05)

7. Name and Address of Current Registered Agent			
Name GENARO ESPINAL			
Street Address (P.O. Box Number is Not Acceptable) 117-51 SW 1ST STREET			
Suite, Apt. #, Etc.			
City PLANTATION		State FL	Zip Code 33325


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 **(S)** _____ Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Index	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSID	GENARO ESPINAL	117-51 SW 1ST STREET	PLANTATION, FL 33325
			TS 5/11/06
			REINSTATEMENT 04-06

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: **(S)**  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04-28-06** Day/6th Phone # **954/336-4479**