

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Hanni
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 20 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000058300**

1. Corporation Name

GENESIS TITLE SERVICES CORP.

2. Principal Office Address

7220 NW 36 ST.

Suite, Apt. #, etc.

303A

City & State

MIAMI, FLORIDA

Zip

33166

Country

MIAMI-DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/1996

5. FEI Number

65-0678422

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name

GENESIS TITLE SERVICES CORP. c/o SILVIA AZA

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

7220 NW 36 STREET # 303A

Suite, Apt. #, Etc.

303A

City

MIAMI

State

FL

Zip Code

33166

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

Date **10/18/00**

REGISTERED AGENT MUST SIGN

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	SILVIA AZA	7220 NW 36th ST., #303A	MIAMI, FL 33166

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 under section 119.07(3)(i), 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

10/18/00

Date

(305) 261-4146

Daytime Phone #

CR2E081 (9/99)