

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 MAR -3 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000059810

1. Corporation Name

Genesis Design Group, Inc.

2. Principal Office Address

101 Riverfront Blvd.

Suite, Apt. #, etc.

610

City & State

Bradenton, Florida

Zip

34205

Country

3. Mailing Office Address

101 Riverfront Blvd.

Suite, Apt. #, etc.

610

City & State

Bradenton, Florida

Zip

34205

Country

4. Date Incorporated or Qualified To Do Business in Florida

7/01/1999

5. FEI Number

65-1007244

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

William S. Galvano

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

1023 Manatee Avenue West

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

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

2-28-03

REGISTERED AGENT MUST SIGN

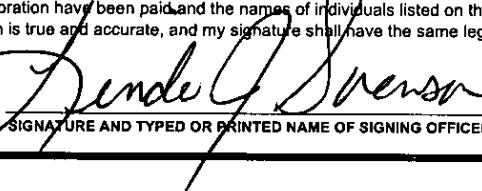
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPVS	Michael A. Fernandez	101 Riverfront Blvd., Suite 610	Bradenton, FL 34205

500013342135  
03/03/03--01069--009 \*\*\$80.00

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

MICHAEL FERNANDEZ 2-28-03

Date

DIRECTOR

Daytime Phone #

941 7222690

28 3/4

CR2E081 (10/02)