

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

01 MAY 11 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000061661

1. Corporation Name

GENESIS ADVERTISING, INC.
1501 N.W. 132ND AVENUE
PEMBROKE PINES, FLORIDA 33028

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/06/99

5. FEI Number

22-3668908

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **XX**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANTHONY L. TRULLENQUE, ESQ.

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

7098 BONITA DRIVE

Suite, Apt. #, Etc.

City

MIAMI BEACH, FLORIDA 33141

State

FL

Zip Code

600004314756-4
-05/24/01 -01036-002
****908.75 ****908.75

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 4/26/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprof. 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/T/D

TRULLENQUE, JULYANNE

1501

NW 132ND AVE.

PEMBROKE PINES, FL
33028

REINSTATEMENT 00-01

mw

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 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

Julyanne Trullenque 4/27/01

Date

Daytime Phone #

305-868-5365