PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT REINSTATE REINSTA			TOL NEAD	ALL IIIO I NOOTI		COOMICE III	NG AMIS FORM.		
1. Corporation Name GENESIS ADVERTISING, INC. 1501 N.W. 132ND AVENUE PEMBROKE PINES, FLORIDA 33028 2. Principal Office Address Suite, Apt. 8, etc. Suite, Apt. 8, etc. City & State City & State City & State T. Name and & tress of Current Registered Agent ANTHONY L. TRULLENQUI; ESQ. Street Address (P.O. Box Number is Not Acceptable) 70 98 BONITA DRIVE ANTHONY L. TRULLENQUI; ESQ. Street Address (P.O. Box Number is Not Acceptable) 70 98 BONITA DRIVE MIAMI BEACH, FLORIDA 33141 State ANTHONY L. TRULLENQUI; ESQ. Street Address (P.O. Box Number is Not Acceptable) 70 98 BONITA DRIVE ANTHONY L. TRULLENQUI; ESQ. Street Address (P.O. Box Number is Not Acceptable) 70 98 BONITA DRIVE ANTHONY L. TRULLENQUI; ESQ. Street Address (P.O. Box Number is Not Acceptable) 70 98 BONITA DRIVE ANTHONY L. TRULLENQUI; ESQ. Street Address (P.O. Box Number is Not Acceptable) 70 98 BONITA DRIVE ANTHONY L. TRULLENQUI; ESQ. Street Address of Section 607.0505 or 617.0503. F.S. Signature of Agent Ag	2 Fr 1.0.48		Katherin Secretary	e Harris y of State	OI HA				
2. Principal Cifice Address 3. Mailing Office Address Suite, Apt. #, etc. City & State The Country City & State The Country City & State City & State City & State The Country The Co	1. Corpora	ation Name				(AFT W).	1488EE, 91,091(1)		
Suite, Apt. #, etc. City & State To Do Business in Florida 7 / 06 / 99 5. FEI Number 22 - 36 68 90 8 Applied Not Ap 6. CERTIFICATE OF STATUS DESIRED EXT Name ANTHONY L. TRULLENQUI:, ESQ. Street Address (P.O. Box Number is Not Acceptable) 7. Name and Actives of Current Registered Agent Name ANTHONY L. TRULLENQUI:, ESQ. Street Address (P.O. Box Number is Not Acceptable) 7. Name and Actives of Current Registered Agent Name ANTHONY L. TRULLENQUI:, ESQ. Street Address (P.O. Box Number is Not Acceptable) 7. Name and Actives of Current Registered Agent Name of Components of State (P.O. Box Number is Not Acceptable) 8. I. being appointed the registered Agent State Registered Agent Name of Officers and of Officers and Director (Florida nonprof) Titles Officers and of Directors Name of Officers and of Directors Titles Officers and of Directors Trullengue, Julyanne 1501 NW 132ND AVE. PEMBROKE PINES, FL 330	15	01 N.W. 1	32ND AVEN	UÈ					
City & State Country Coun	2. Principal Office Address 3			3. Mailing Office Address	E				
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Zip Country Zip Country 6. CERTIFICATE OF STATUS DESIRED X 5.75 Additional Conference of the Status Desired X 5.75 Additional Conference of Status Desired X 5.75 Additional Conference of Conference of Status Desired X 5.75 Additional Conference of Confe	0: 40			City & State			rated or Qualified ss in Florida 7/06/	99	
7. Name and Ac tress of Current Registered Agent Name ANTHONY L. TRULLENQUI; ESQ. Street Address (P.O. Box Number is Not Acceptable) 70 98 BONITA DRIVE Suite, Apt #, Etc. Sity MIAMI BEACH, FLORIDA 33141 State Tip Code FL White Address of Street Addresses of Each Officer and/or Director (Florida nonprof. Corporations must list at least 3 directors) Titles Officers and/or Directors Titles TRULLENQUE, JULYANNE 1501 NW 132ND AVE. PEMBROKE PINES, PL 330	,				. <u></u>	1 22 2660000		Applied For Not Applicable	
ANTHONY L. TRULLENQUI), ESQ. Street Address (P.O. Box Number is Not Acceptable) 70 98 BONITA DRIVE Surte, Apt #, Etc. Sity MIAMI BEACH, FLORIDA 33141 State FL State FL Signature of Registered Agent FLORIDA Street Addresses of Each Officer and/of Director (Florida nonprot. Titles Officers and/or Directors Titles Officers and/or Directors TRULLENQUE, JULYANNE 1501 NW 132ND AVE. PMBROKE PINES, FL 330	Zip	Countr	у	Zip	Country		F STATUS DESIRED XX \$8.75 Ad	ditional Fee required ertificate of Status	
ANTHONY L. TRULLENQUE;, ESQ. Street Address (P.O. Box Number is Not Acceptable) 7098 BONITA DRIVE State, Apt. #. Etc. Sity MIAMI BEACH, FLORIDA 33141 State FL State FL Signature of Registered Agent P.O. Names and Street Addresses of Each Officer and/or Director (Florida nonprot. Titles Officers and/or Directors Name of Officer and/or Directors TRULLENQUE, JULYANNE 1501 NW 132ND AVE. DIRECTOR STATE OF TRULES, FL 330									
Street Address (P.O. Box Number is Not Acceptable) 7098 BONITA DRIVE Suite, Apt #, Etc. Sity MIAMI BEACH, FLORIDA 33141 State Zip Code ####903.75 ####908 8. I. being appointed the registered agent of the above named connection am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Regis		ANDHONY I DDITTENOUI' ESO							
####908.75 ####908 Suttle, Apt. #, Etc. Sity MIAMI BEACH, FLORIDA 33141 State FL State FL Zip Code FL Signature of Registered Agent Paginter of Section 607.0505 or 617.0503, F.S. Signature of Registered Agent		Street Address (P.0	D. Box Number is No	ot Acceptable)	7.22.	——— 6 6	-05/24/01010	554 36002	
MIAMI BEACH, FLORIDA 33141 8. I. being appointed the registered agent of the above named corporation, am failliar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprof. Officers and/or Directors) Name of Officers and/or Directors P/T/D TRULLENQUE, JULYANNE 1501 NW 132ND AVE. PEMBROKE PINES, FL 330		Suite, Apt. #, Etc.	7098 BON	ITA DRIVE			****908.75 **	***9 0 8.75	
Signature of Registered Agent Pate 4/26/01 REGISTATED AGENT MUST IGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprof. corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director P/T/D TRULLENQUE, JULYANNE 1501 NW 132ND AVE. PEMBROKE PINES, FL 3330		MIAMI BEACH, FLORIDA							
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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 330				GISTAGED AGENT MUST	IGN		Date 4 1/26 / 01		
P/T/D TRULLENQUE, JULYANNE 1501 NW 132ND AVE. PEMBROKE PINES, FL 330	9. Names	ard Street Addresses	of Each Officer and	or Director (Florida nonprof.	corporations must list	at least 3 directors)	<u> </u>		
330	Titles	Office							
	P/T/D	TRULLE	NQUE, JUL	YANNE 1501	NW 132ND	AVE.	PEMBROKE PINES	, FL 33028	
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PERSTATEMENT 00-01	•								
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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 the this reinstatement application, the reason for dissolution has been eliminated, ne corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all followed by the corporation have been paid and the names of individuals listed or this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indication is true and accurate, and my signature shall have the same egal effect as if made under oath. SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFF SER OR DIRECTOR Date Daytime Phone #	this rein owed by on this a	istatement application, y the corporation have application is true and	the reason for disso been paid and the n accurate, and my sig	ilution has been eliminated, ames of individuals listed or anature shall have the same	ne corporate name satisthis form do not qualify egal effect as if made u	sfies the requirements of for an exemption under s under oath.	section 607.0401 or 617.0401, É section 119.07(3)(i), F.S. The info 30	S., that all fees mation indicated 5 - 868 - 5 365	