


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV 27 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000061661	
1. Entity Name GENESIS ADVERTISING, INC.	

Principal Place of Business 2543A NW 72ND AVENUE MIAMI, FL 33122	Mailing Address 7098 BONITA DRIVE MIAMI BEACH, FL 33141
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03-15-06 80023 024 \$158.75

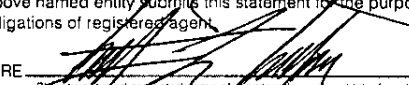


2. Principal Place of Business 400 Alton Road Suite, Apt. #, etc. #706	3. Mailing Address Suite, Apt. #, etc.
City & State MIAMI BEACH, FLORIDA	City & State
Zip 33139	Country Miami-Dade

11132006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent TRULLENQUE, ANTHONY L 7098 BONITA DRIVE MIAMI BEACH, FL 33141	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 11-20-06

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TRULLENQUE, JULYANNE 7800 COLLINS AVENUE #209 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TRULLENQUE, JULYANNE 400 Alton Road #706 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 11-20-06 (305) 785-4264