PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -1 PM 3:13

1. Name and Mailing Address of Corporation: DOCUMENT # P97000004814

Cosil, Inc.
445 Grand Bay Drive, Unit 201
Key Biscayne, FL. 33149

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address: 2666 Brickell Ave.
City and State: Miami, FL. Zip Code: 33129

3. If Principle Office Address is different from mailing address, enter address below:

Address: 2666 Brickell Ave.
City and State: Miami, FL. Zip Code: 33129

4. Date Incorporated or Qualified To Do Business in Florida: 1/16/97

5. FEI Number: 65-1046390

FEI Number Applied For ☐
FEI Number Not Applicable ☐

6. $8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D,P,S	Hector DuMontet	Sucre 1351, Cofico Cordoba, Argentina	
D,VP	Remonda DuMontet	Sucre 1351, Cofico Cordoba, Argentina	

REINSTATEMENT 96-00
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***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Lisette P. Salazar, Esq.
Roberts + Salazar, LLP
50 W. Mashta Dr, Suite 2
Key Biscayne, FL. 33149

9. If changed, new registered agent / office

Name: Lisette P. Salazar, Esq.
Street Address (Do NOT Use P.O. Box Number): 1390 Brickell Ave. #200
Street Address (Do NOT Use P.O. Box Number):
City: Miami State: FL. Zip: 33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN
Date: 9-29-00

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: [signature] Date: 9-29-00 Daytime Phone #: (305) 856-2600

Typed or printed name of signing officer or director: Hector DuMontet, President