PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 19 AM 9:20

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000004814

1. Corporation Name: Cosil, Inc.
2666 Brickell Ave.
Miami, Florida 33129

REINSTATEMENT 04-05

2. Principal Office Address	3. Mailing Office Address
2666 Brickell Ave.	Sucre 1351 Cofico
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Cordoba
Zip: 33129 Country: USA	Zip: Country: Argentina OC

4. Date Incorporated or Qualified To Do Business in Florida: 01/16/97

5. FEI Number: 65-1046390 ☐ 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: Lawrence R. Heller, Esquire
300058436583
08/10/05 01025 003 **35.75
Street Address (P.O. Box Number is Not Acceptable): GILBRIDE, HELLER & BROWN, P.A.
Suite, Apt. #, Etc.: 2 South Biscayne Boulevard, Suite 1570
City: Miami State: FL Zip Code: 33131

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: _____ REGISTERED AGENT MUST SIGN Date: 8.4.05

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
D,P,S	Dumontet, Hector	Sucre 1351 Cofico	Cordoba, Argentina OC
D. VP	Lamas-Dumontet, Remonda	Sucre 1351 Cofico	Cordoba, Argentina OC

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: _____ 8/4/05 011543514719627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #