## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P97000074071

Address:

City-St-Zip:

920 THIRD AVENUE

NEW SMYRNA BEACH, FL 32169

Entity Name: KOSMAS GROUP INTERNATIONAL. INC

FILED Sep 29, 2009 Secretary of State

Littly Nai	ille. ROSIVIAC	GROOF INTERNATIONAL, II	VC.		
Current Principal Place of Business:			New Principal Place	e of Business:	
	) AVENUE 'RNA BEACH,	FL 32169			
Current Mailing Address:			New Mailing Address:		
	O AVENUE 'RNA BEACH,	FL 32169			
FEI Number:	: 59-3465973	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:	
150 MAGN	IOLIA AVENU	SERVICES, INC. E 321152491 US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE: JOHN FE	ERGUSEN, AS VICE PRESIDE	ENT		
	Electro	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KOSMAS, STE 920 THIRD AVI		Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	KOSMAS, NICH 920 THIRD AVI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KOSMAS, ROE 920 THIRD AV		Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	DUFFY, TRUD 920 THIRD AVI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	V ( CROFT, J. LAN	) Delete ICE	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RON STRANSKY CFO 09/29/2009