

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 FEB -1 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Limited Liability Company's Name**

Cosmopolitan of America L.C

**2. Principal Office Address**

16709 SAPPHIRE SPRINGS

Suite, Apt. #, etc.

City & State

WESTON

Zip

33331

Country

BROWARD

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

FL.

Zip

Country

**4. State/Country of Formation**

FLORIDA BROWARD

**5. Date Organized or Qualified  
To Do Business in Florida**

07/01/99

**6. FEI Number**

65-0876523

Applied For

Not Applicable

**7.**

CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Pinto Moises

Street Address (P.O. Box Number is Not Acceptable)

16709 SAPPHIRE SPRINGS

Suite, Apt. #, Etc.

WESTON FL 33331

City

State

FL

Zip Code

33331

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/15/2001

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRESIDENT	RILAN CAMPILLO	16709 SAPPHIRE SPRINGS	WESTON FL 33331
VICE PRES.	Pinto Moises	16709 SAPPHIRE SPRINGS	WESTON FL 33331

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\*\*\*\*200.00 \*\*\*\*200.00

**REINSTATEMENT**

00-01

Dec

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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  
Managing Member/Manager

Date 12/25/2000 Daytime Phone # 954-8067342

Typed or printed name of signing Managing Member/Manager

Pinto Moises