

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2008 MAY 14 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000089134**

1. Limited Liability Company's Name
Cosme Home Improvement LLC

2. Principal Office Address - No P.O. Box # 4211 W 1st Ave		3. Mailing Office Address 4211 W 1st Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah, FL		City & State Hialeah, FL	
Zip 33012	Country US	Zip 33012	Country US

4. State/Country of Formation
Florida, US

5. Date Organized or Qualified
To Do Business in Florida **12/09/2004**

6. FEI Number
20-1984754

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Cosme Hernandez

Street Address (P.O. Box Number is Not Acceptable)
4211 W 1st Ave

Suite, Apt. #, Etc.

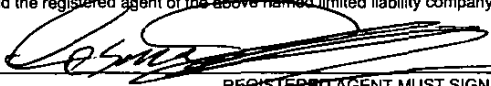
City
Hialeah

State
FL

Zip Code
33012

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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  Date **4/29/08**

REGISTERED AGENT MUST SIGN

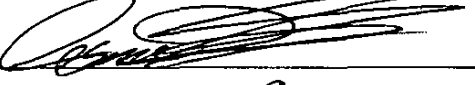
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Cosme Hernandez	4211 W 1st Ave	Hialeah, FL 33012

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05/07/08--01008--011 **416.25

REINSTATEMENT 06-08

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 **4/29/08** Daytime Phone # **786-229-3768**

Typed or printed name of signing Managing Member/Manager **Cosme Hernandez MGRM**