

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV 28 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

545107

REINSTATEMENT

DD

1. Corporation Name

COSMO TIME CORP.

Principal Place of Business

16501 N.W. 16TH COURT
MIAMI FL 33169

Mailing Address

16501 N.W. 16TH COURT
MIAMI FL 33169

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/1977

5. FEI Number

59-1769541

Applied For

Not Applicable

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CDS	SUAREZ, AMANCIO V	16501 NW 16TH COURT	MIAMI, FL 00000
PD	ORTEGA, CARLOS	16501 NW 16 CT	MIAMI, FL 00000
			9000003482039--U -11/30/00--01105--009 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

ALVAREZ, CESAR L.
1221 BRICKELL AVE. 22ND FL.
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
Carlos A. Ortega

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

1925 Brickell Ave.,

Suite, Apt. #, Etc.

D-206

City
Miami

State
FL

Zip Code
33129

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]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/26/00

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. PAYNE NOV 28 2000

11/27/00
Date

(305) 854-6363
Daytime Phone #

CR2E040 (8/00)