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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 24 AM 8:36

1. DOCUMENT # L01000010598

Name and Mailing Address

0010670 01 FP 0.352 **PRSR HT 0 0615 34945-260400



COSMIC KISS, L.L.C.
7100 OKEECHOBEE ROAD
FT. PIERCE FL 34945-2604



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/28/2001	
Principal Place of Business 7100 OKEECHOBEE ROAD FT. PIERCE FL 34945	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1117130	Applied For Not Applicable
8. Name and Address of Current Registered Agent KORN, GARY ESQ. % LEOPOLD, KORN, LEOPOLD, P.A. 20801 BISCAYNE BLVD., SUITE 501 AVENTURA FL 33180		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name MICHAEL V. GEHRKENS		Street Address (P.O. Box Number is Not Acceptable) 7100 OKEECHOBEE RD	
City FT Pierce		FL	Zip Code 34945
10. 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 3-15-04	
REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgrm	Michael V. GEHRKENS	1151 James Court	MANATHON FL 33050
			500031168085 03/25/04--01023--002 **255.00
		REINSTATEMENT 02-08 cus	
		dec	
12. 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 3-15-04 Daytime Phone # 772-370-5799	
Typed or printed name of signing Managing Member/Manager		MICHAEL V. GEHRKENS	

CR2E084 (8/02)