


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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| DOCUMENT # L01000010598 | |  |
| 1. Entity Name COSMIC KISS, L.L.C. | | |

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| Principal Place of Business 7100 OKEECHOBEE ROAD FT. PIERCE, FL 34945 | Mailing Address POB 3231 EATONTON, GA 31024 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address <i>P.O. Box 106</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State <i>Monticello GA</i> | City & State <i>Monticello GA</i> |
| Zip <i>31064</i> | Country <i>USA</i> |

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| 6. Name and Address of Current Registered Agent GEHRKENS, MICHAEL V 7100 OKEECHOBEE RD FT PIERCE, FL 34945 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code | |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* *Michael V. Gehrkens* DATE *5-2-08*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$277.50 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GEHRKENS, MICHAEL V 601 OAK ST ASTOR, FL 321024 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <i>MGRM Gehrkens Michael 571 Eatonton ST Monticello GA 31064</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <i>100131091851 06/10/08-01008-015 **282.50</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <i>REINSTATEMENT</i> <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <i>2007-2008</i> <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* *Michael V. Gehrkens* DATE *5-2-08* DAYTIME PHONE # *816-9046*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

08 JUN -3 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06032008 REIN-LLC CR2E101 (1/07)

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| 4. FEI Number 65-1117130 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
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