

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 20 AM 8:17

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000019858

Name and Mailing Address

0007872 01 AT 0,292 **AUTO T9 0 0615 33186-260511



COTI INVESTMENTS, LLC
12011 S.W. 97TH STREET
MIAMI FL 33186-2605



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/16/2001	
Principal Place of Business 12011 S.W. 97TH STREET MIAMI FL 33186	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1152907	Applied For Not Applicable
8. Name and Address of Current Registered Agent BOHATCH, JOHN S ESQ. 2600 DOUGLAS ROAD PH-8 CORAL GABLES FL 33134		9. Name and Address of New Registered Agent Name: VERONICA LOPEZ Street Address (P.O. Box Number is Not Acceptable): 12011 SW 97 ST City: MIAMI FL 33136	
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: [Signature] SIGNATURE REQUIRED Date: 11/10/03 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	LOPEZ, ANA VERONICA TRUSTEE	12011 S.W. 97TH STREET	MIAMI FL 33186
400024866334 11/20/03--01004--022 **150.00			
REINSTATEMENT 2003			

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

SIGNATURE REQUIRED

Date

11/10/03

Daytime Phone #

305-477-9282

Typed or printed name of signing Managing Member/Manager