

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAY -5 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000051711

1. Limited Liability Company's Name

COSSIO, LLC

800155459598
05/05/09--01037--010 **516.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

1643 Brickell Ave

Suite, Apt. #, etc.

1601

City & State

Miami

Zip

33129

Country

USA

3. Mailing Office Address

1643 Brickell Ave

Suite, Apt. #, etc.

1601

City & State

Miami

Zip

33129

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 07/14/2004

6. FEI Number

20-5411344

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

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.

8. Name and Address of Current Registered Agent

Name

Javier Jimenez

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

1643 Brickell Ave

Suite, Apt. #, Etc.

1601

City

Miami

State

FL

Zip Code

33129

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

REGISTERED AGENT MUST SIGN

Date 04/27/09

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
MGR	Javier Jimenez	1643 Brickell Ave Apt 1601	Miami, FL 33129
MGRM	Sureen Chi	1643 Brickell Ave Apt 1601	Miami, FL 33129
MGRM	Chang Hwi Chi	1643 Brickell Ave Apt 1601	Miami, FL 33129

REINSTATEMENT 07-09

DBruce

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 04/27/09

Daytime Phone # 305-903-9459

Typed or printed name of signing Managing Member/Manager Javier Jimenez