

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 MAY 14 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L04000089134

1. Limited Liability Company's Name

Cosme Home Improvement LLC

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

4211 W 1st Ave

Suite, Apt. #, etc.

3. Mailing Office Address

4211 W 1st Ave

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33012

Country

US

City & State

Hialeah, FL

Zip

33012

Country

US

4. State/Country of Formation

Florida, US

5. Date Organized or Qualified

To Do Business in Florida

12/09/2004

6. FEI Number

20-1984754

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Cosme Hernandez

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

4211 W 1st Ave

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

☒ 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.

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

4/29/08

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
MGRM	Cosme Hernandez	4211 W 1st Ave	Hialeah, FL 33012

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REINSTATEMENT 06-08

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

4/29/08

Daytime Phone #

786-229-3768

Typed or printed name of signing Managing Member/Manager

Cosme Hernandez MGRM