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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000052044

1. Limited Liability Company's Name
COSU Investors LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 12 AM 11:52

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
220 S. Orange Ave	220 So Orange Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Livingston NJ	City & State: Livingston, N.J.
Zip: 07039 County: USA	Zip: 07039 Country: USA

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida: 05/25/2005

6. FEI Number: 20-2902943 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number(s) Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

☐ 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: [signature] ASST. SECRETARY
REGISTERED AGENT MUST SIGN

Date: 3-12-08

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mGRM	Michael Daley	39 Paul Drive	Succasunna, NJ 07876
mGRM	Joseph Carr	5 Michelle Lane	Warren, NJ 07059
mGRM	Stephen Sullivan	18 Greenvale Ave	Wayne, NJ 07470
mGRM	Robert Weir	58 Edgewood Rd	Florham Park, NJ 07932
mGRM	Judith Totola	1 Horseshoe Road	Whitehouse, NJ 08889

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 name for classification has been reinstated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information contained 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] Date: 3/13/08 Daytime Phone #: 973-740-9100

Typed or printed name of signing Managing Member/Manager: STEPHEN SULLIVAN

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REINSTATEMENT

06-08

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)617-6383

RESUBMIT
Please give original submission date as file date.

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

Kelly x2916

LIMITED LIABILITY REINSTATEMENT

CDSW INVESTORS LLC

Certificate of Status	0
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