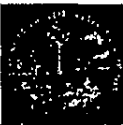


FILED
2013 OCT 21 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
LETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # L078000003413		
1. Limited Liability Company's Name Cole & Jarrett Ltd. Co.		
2. Principal Office Address - No P.O. Box # 54B Miltonos Street	3. Mailing Office Address same	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Agios Spyridonas, Limassol	City & State	
Zip 3050	Country Cyprus	Zip Country
4. State/Country of Formation Florida		
5. Date Organized or Qualified To Do Business in Florida 1/10/2007		
6. FEI Number		☐ Applied For ☒ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 And non fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc.		E-mail Address: dfecci@lbcf.com
City Plantation	State FL	Zip Code 33324
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 10/21/13  REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager
Manager	Attain Management LTD.	Global gateway B, Rue De Le Perle
Member	Attain Holdings Ltd.	54B Miltonos Street
City / State / Zip	Providence, Mahe, Seycheles	
City / State / Zip	Agios Spyridonas, Limassol, 3050 Cyprus	
REINSTATEMENT		S. HAWKES
2012-2013		OCT 21 2013
EXAMINER		
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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		
Signature of Managing Member/Manager 16/10/13 Daytime Phone #		
Typed or printed name of signing Managing Member/Manager ANDREW TRIFONOS		