FILED
2013 OCT 21 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000003413

1. Limited Liability Company's Name
Cole & Jarrett Ltd. Co.

900253057579
10/21/13--01009--026 **407.50

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
54B Miltonos Street	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 [x] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [ ] $5.00 And more may be required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation | State: FL | Zip Code: 33324

E-mail Address: dfecci@lbcf.com
(To be used for future annual report notices)

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: DFecci (assistant secretary) Date: 10/21/13
REGISTERED AGENT MUST SIGN

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
Manager	Attain Management LTD.	Global gateway B, Rue De Le Perle	Providence, Mahe, Seycheles
Member	Attain Holdings Ltd.	54B Miltonos Street	Agios Spyridonas, Limassol, 3050 Cyprus
			S. HAWKES
	REINSTATEMENT		OCT 21 2013
	2012-2013		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: _____ Date: 16/10/13 Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: ANDRY TRIFONOS