PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2021 JAN 20 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FL

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DOCUMENT # L14000193520

1 Limited Liability Company's Name
COWO LLC

CR2E041 (1/14)

| 2. Principal Office Address - No P O Box # | 3. Mailing Office Address |
|---|---|
| 200 LESLIE DR | 10300 NW 19th STREET |
| Suite, Apt #, etc: APT 1105 | Suite Apt #, etc: SUITE 111 |
| City & State: HALLANDALE BEACH | City & State: DORAL |
| Zip: 33009 Country: UNITED STATES | Zip: 33172 Country: UNITED STATES |

4. State/Country of Formation: FLORIDA, UNITED STATES

5. Date Organized or Qualified To Do Business in Florida: 12-19-2014

6. FEI Number: 30-0852162 ☐ 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: CARLOS M BAEZ

Street Address (P O Box Number is Not Acceptable) Suite,: 10300 NW 19th STREET

Apt #, Etc: SUITE 111

City: MIAMI State: FL Zip Code: 33172

9 I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F S

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN

Date 12-28-2020

10 Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representatives/ Managers | Street Address of Each Authorized Representative/ Manager | City / State / Zip |
|---|---|---|---|
| AR | IANNONE, CORINA | 200 LESLIE DR APT 105 | HALLANDALE BEACH, FL 33009 |
| AR | FOERSTER, WALTER VON | 200 LESLIE DR APT 105 | HALLANDALE BEACH, FL 33009 |
| | | | |
| | | | JAN 21 2021 |
| | | | |
| | | | |

11. E-mail Address: CMBAEZP@GMAIL.COM
(To be used for future annual report notifications)

12 I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605 0012, 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 authorized representative/member _____ Date 12-20-2020 Daytime Phone # 7865144424

Typed or printed name of signing authorized representative/member CORINA IANNONE