PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 FEB -1 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98-2682

1. Limited Liability Company's Name

COSMOPOLITAN OF AMERICA L.C

2. Principal Office Address
16709 SAPPHIRE SPRINGS

Suite, Apt. #, etc.

City & State
WESTON

Zip 33331 Country BROWARD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
FL.

Zip Country

4. State/Country of Formation
FLORIDA-BROWARD

5. Date Organized or Qualified To Do Business in Florida 07/01/99

6. FEI Number 65-0876523 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
PINTO MOISES

Street Address (P.O. Box Number is Not Acceptable)
16709 SAPPHIRE SPRINGS

Suite, Apt. #, Etc.
WESTON FL. 33331

City State FL Zip Code 33331

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 _____ Date 1/15/2001.
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
PRESIDENT	PILAR CAMPILLO	16709 SAPPHIRE SPRINGS	WESTON FL. 33331
VICE PRES.	PINTO MOISES	16709 SAPPHIRE SPRINGS	WESTON FL 33331

300003631913--2
-02/02/01--01140--028
****200.00 ****200.00

REINSTATEMENT 00-01
dcc

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 12/25/2000 Daytime Phone # 954-806-7342

Typed or printed name of signing Managing Member/Manager PINTO MOISES