

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000092638

1. Corporation Name

KOSMO STUDIOS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 536189
ORLANDO FL 32853-6189

P.O. BOX 536189
ORLANDO FL 32853-6189

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100 E. Pine St, Ste #201
City & State

City & State

ORLANDO, FL

Zip
32801

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/2000

5. FEI Number

59-366-5712

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MAYBERRY, RICHARD	P.O. BOX 536189	ORLANDO FL 32853
D	KAMINSKI, JOHN	P.O. BOX 536189	ORLANDO FL 32853
D	PICARD, DANIEL	P.O. BOX 536189	ORLANDO FL 32853
D	CALLISON, JASON	P.O. BOX 536189	ORLANDO FL 32853
D	KAMINSKI, RICHARD	P.O. BOX 536189	ORLANDO FL 32853
D	CLARKSON, RICHARD D	P.O. BOX 536189	ORLANDO FL 32853

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FIGUEROA, MILTON J
332 N. MAGNOLIA AVENUE
ORLANDO FL 32802

Name

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

400004670804--2

Suite, Apt. #, Etc.

-11/07/01--01050--007

City

****758.75 ****758.75

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/16/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

JASON P. CALLISON

10/16/01

407 649 6790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #