

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC -5 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000133799

1. Corporation Name

COSMO OF BREWARD, INC.

**REINSTATEMENT 03**

700025259087

12/05/03--01053--009 \*\*150.00

2. Principal Office Address

226 KING STREET

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

COCOA, FL

City & State

Zip

32922

Country

BREWARD

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/23/02

5. FEI Number

13-4229272

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ALBERT S LAGANO

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

551 S. APOLLO BLVD #103

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32901

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent X

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	TIRAM, SAVAS	226 KING STREET	COCOA, FL 32922
D	KIZAE, MEHMETO	226 KING STREET	COCOA, FL 32922
D	TIRAM, KIMBERLY	226 KING STREET	COCOA, FL 32922

10. 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:

Savas Tiram Savas Tiram  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/1/03

Daytime Phone #

321 403 4109

CR2E081 (10/02)



## E. K. WILLIAMS OF EAST CENTRAL FLORIDA

415 W. MAGNOLIA AVENUE • MERRITT ISLAND, FLORIDA 32952 • PHONE 452-5854

December 1, 2003

Department of State  
Division of corporations  
P O Box 6327  
Tallahassee, Fl 32314

Re: Cosmo of Brevard Inc  
P02000133799

To Whom It May Concern:

Attached please find a check for \$150.00 and Corporation Reinstatement forms.

Taxpayer wishes to request an abatement of \$750.00 reinstatement fee. There are two reasons for this request. First, primary and person who would handle filing corporation papers was out of the country in Turkey. Second, during the time that Corporation Annual Report form would have been received taxpayer was having trouble with his mail due to placement of his firm's mailbox due to construction on his place of business.

Thank you for your consideration in this matter.

Sincerely,

  
Georgia A Atchison