

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 11 AM 9:18

DOCUMENT # P03000040985

1. Corporation Name

COSMOPOLITAN USA INC.

700063959697  
01/18/06--01038--004 \*\*458.75

2. Principal Office Address

5751 N. FEDERAL HWY.

Suite, Apt. #, etc.

3. Mailing Office Address

5751 N. FEDERAL HWY.

Suite, Apt. #, etc.

City & State

Fort Lauderdale

City & State

Fort Lauderdale

Zip

33308

Country

USA

Zip

33308

Country

USA

REINSTATEMENT 04-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

04/07/2003

5. FEI Number

562379263

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

GJORGJESKA - PEJDANOVSKA, LENA

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

5751 N. FEDERAL HWY.

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33308

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

REGISTERED AGENT MUST SIGN

Date 1/6/06

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
PVST	GJORGJESKA - PEJDANOVSKA, LENA	5751 N. FEDERAL HWY.	FT. LAUDERDALE / FL / 33308

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 contained in Chapter 119, 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: GJORGJESKA - PEJDANOVSKA, LENA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/06

Daytime Phone #

754 366 0234

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January 6, 2006

REINSTATEMENT FEE WAIVER REQUEST

I, Lena Gjorgjeska-Pejdanovska am kindly asking for the reinstatement fee of Cosmopolitan USA Inc. to be waived since I (we) have not received any Annual Report Notices in 2004 (or 2005).

- Thank you.



Lena Gjorgjeska-Pejdanovska