

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 FEB 13 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000023596

1. Corporation Name

PLANET COSMO, INC

2. Principal Office Address - No P.O. Box #

21 SW FIRST AVE

3. Mailing Office Address

PO BOX 2108

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA FL

Zip

34471

Country

US

Zip

34478

Country

US

400219961664
01/30/12--01052--005 **750.00
400219961664
02/13/12--01059--005 **150.00
CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/2004

5. FEI Number

510499238

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

R WILLIAM FUTCH PA

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

610 SE 17TH STREET

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34471

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

1/24/12

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
P/D	WILLIAM H. EASTERLY	PO BOX 2108	OCALA FL 34478

FEB 13 2012

R. HUNT

11-12

10. E-mail Address: COSMO@PLANETCOSMO.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, 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:

WILLIAM H. EASTERLY

Date

1/24/12 (352) 357 2733

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR