## 2005 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT							n=== (	i I	F=3	
DOCUMENT # P04000169079  1. Entity Name COSME DAMIAO INC							2005 OCT			2
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Principal Plac 1106 SUPER WINTER SPR			Mailing Address 1106 SUPERIOR COURT WINTER SPRINGS, FL 32708			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
							ım em cen em em			
2. Principal P	lace of Business		3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			10062005	REIN-P	CR2E	98 (6/04)	
City & State	е		City & State			4. FEI Number	20-1950	6340	App	plied For t Applicable
Zip	C	ountry	Zip	p Country			of Status Desired		\$8.75 Add Fee Required	itional
	6. Name and	Address of Current	7. Name and Address of New Registered Agent							
ALMEIDA,	MARCO T.		Name							
	ERIOR COUR SPRINGS, FL			Street Address			r is Not Acceptable	e) 		
					City			FL	Zip Code	9
8. The above	named entity sub	omits this statement f	or the purpose of changing	its register	red office or registr	ered agent, or both	n, in the State of Flo		amiliar with	and accept
	tions of registered			,			,,,,,,,,,,		_	and doorp!
SIGNATURE.	NA	ded name of registered agen	and this fanninghia (f	MATE: Berlete	red Agent signature req		10/	7/05		
	, , , , , , , , , , , , , , , , , , , ,		and the supplement.	TOTAL PROPERTY	ou rouse my man every			DA L		
	LE NOW!!! FEE nuary 1, 2006, I	IS \$150.00 Fee will be \$300.	00				In accordance v corporation did	vith s. 607. not receive	193(2)(b), the prior n	F.S., the lotice.
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11
TITLE NAME	P ALMEIDA, MA		☐ Delete	TITI Na		10/70		H 5.0	☐ <u>Change,</u> + *150	Addition
CITY-ST-ZIP										
ППЕ	<u> </u>		☐ Delete	11:11	E				☐ Change	☐ Addition
NAME STREET ADORESS				NA.	NE LEET ADORESS					
CITY-ST-ZIP					Y-ST-ZIP					
TITLE NAME			☐ Delete	חוד אינ	.E				Change	Addition
STREET ADDRESS	_			STE	REET ADORESS					į
CITY-ST-ZIP			<del></del>		Y-ST-ZIP					
TITLE NAME			☐ Delete	TIT! NA/					☐ Change	Addition
STREET ADDRESS					EET ADDRESS Y-ST-ZIP					
TITLE			Delete	TIT			<del></del>	<del></del>	☐ Change	Addition
NAME STREET ADDRESS				NA!	ME REET ADDRESS					
CITY-ST-ZIP				- 6	Y-ST-ZIP					
TITLE NAME			Delete	117					☐ Change	Addition
STREET ADDRESS				NA STE	ME REET ADDRESS					
CITY-ST-ZIP					Y-ST-ZIP				, . * . · <u>.</u>	
12. I hereby indicated of the co-	certify that the infe d on this report or rporation or the re l, or on an attachm	ormation supplied with supplemental report deliver or trustee emp ment with an address	h this filing does not qualificative and accurate and the cowered to execute this report with all other like empower	y for the exi lat my signa bort as requ red.	emption stated in s ature shall have the sired by Chapter 6	Section 119.07(3)(i e same legal effec 07, Florida Statute	), Florida Statutes. t as if made under on s; and that my name	I further cer oath; that I a e appears in	tify that the in im an officer i Block 10 or	nformation or director Block 11 if
SIGNAT	TURE: /	n/huo				//	0/7/05	(321)	231 23	380
		GNATURE AND TYPED OF	PRINTED HAME OF SIGNING OFFI	CER OR DIRE	CTOR		Care		eytime Phone #	

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