## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000004356

Entity Name: COSO CREATIVE INC.

City-St-Zip:

MIAMI BEACH, FL 33139

FILED Nov 19, 2008 Secretary of State

Littly Nai	iie. 00000	REATIVE INC.			
Current P	rincipal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
300 SOUTH POINTE DRIVE UNIT #3703 MIAMI BEACH, FL 33139			#3703	300 SOUTH POINTE DRIVE UNIT #3703 MIAMI BEACH, FL 33139	
Current M	ailing Addre	ss:	New Mailing Address	New Mailing Address:	
300 SOUTH POINTE DRIVE UNIT #3703 MIAMI BEACH, FL 33139			#3703	300 SOUTH POINTE DRIVE UNIT #3703 MIAMI BEACH, FL 33139	
FEI Number:	36-4600385	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301 US					
The above in the State		submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: MARK W	/ILLIAMS			
	Electro	nic Signature of Registered Age	nt	Date	
		93(2)(b), F.S., the corporation did not g Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	NIXON, JAREI	DINTE DRIVE UNIT #3703	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	NIXON, JAREI	DINTE DRIVE UNIT #3703	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	NIXON, JAREI	) Delete ) ) DINTE DRIVE LINIT #3703	Title: Name: Address	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JARED NIXON P/D 11/19/2008