

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000092863

**Entity Name:** COSMOS HEALTH CORP

**FILED**  
**Oct 13, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

7785 SW 86TH STREET  
E 218  
MIAMI, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

7785 SW 86TH STREET  
E 218  
MIAMI, FL 33143 US

**New Mailing Address:**

**FEI Number:** 46-4115883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KHARFAN, TERESA  
7785 SW 86TH STREET  
E 218  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** TERESA KHARFAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** KHARFAN, TERESA  
**Address:** 7785 SW 86TH STREET APT E 218  
**City-St-Zip:** MIAMI, FL 33143 US

I hereby 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 all other like empowered.

**SIGNATURE:** TERESA KHARFAN

PD

10/13/2014

Electronic Signature of Signing Officer or Director

Date