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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION ISTATEMENT	FLORIDA DEPARTM  Katherine I  Secretary of DIVISION OF CORE	<b>Harris</b> f State		02 APR 26 AM 9: 18	<b>;</b>
DOCUMENT # <i>P97000037672</i> • 1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
COSMOFRANCE, INC.						
2. Princip 137 Suite, Apt.	al Office Address  O WAShington Aug #, etc.	3. Mailing Office Address  1370 WASK  Suite, Apt. #, etc.	ington Ave		00 0 mg/	
50	ITE 307	SUITE 30'	7	4. Date Incor To Do Bus	porated or Qualified iness in Florida	
City & State	OMI BEACH, FL	MINMI BE	Och FZ	5. FEI Number	$\rho H g g h h h$	pplied For ot Applicable
3:	3139 USA	33139	USA	6. CERTIFICATI	E OF STATUS DESIRED 58.75 Additional for a Certification	
7. Name and Address of Current Registered Agent						
	Name DEWAWORE LUE  Street Address (P.O. Box Number is Not Acceptable)  1370 11/A Shin Offon Aue			0000056777204 		
	Suite, Apt. #, Etc. 307					1
	City MIAMI	<del></del>			State Zip Code FL 33/39	1
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 Page Page Page Page Page Page Page Page						
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	DEWANDRE, LU	e 1370	WAShing	ON AK	MIAMI BEACH F	2
		SU ITE	307	ر ب <sub>ا</sub> کے ا	33,	139
			-	0	00005677721 	0 — — <b>4</b>
	•		·		****300.00 ***	*300.00
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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 filling 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 under section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Date Daylime Phone #						

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## M.S. MARLIN, P.A.

SUITE 303 250 CATALONIA AVENUE CORAL GABLES, FLORIDA 33134 AREA CODE 305, TELEPHONE 442-8228 FAX 305-446-7838

M.S. MARLIN GARY R MARLIN

March 26, 2002

DIVISION OF CORPORATIONS P.O. Box 6327 Tallahassee, Florida 32314

Attention: Mr. Tyrone Scott

RE: Reinstatement Application of Cosmofrance, Inc.

Dear Mr. Scott:

You will recall the undersigned contacted you regarding the reinstatement of the above named corporation. I will briefly set forth the facts which led to the corporation being improperly dissolved.

On or about April 27, 2000, Cosmofrance, Inc. submitted a check in the amount of \$150.00 (check #596) to the Department of State, representing the annual feefor the year 2000 uniform business report. I am enclosing a copy of the front and back of the check, showing it was deposited by the State.

In 2001, Cosmofrance, Inc. attempted to file the report and pay the fee due for 2001, but was rejected, and received a letter from the State saying it had been administratively dissolved. I am enclosing a copy of this letter.

This dissolution of the corporation was improper, as the Department of State had received the 2000 check, and had deposited it. Upon receipt of the letter, a representative of the corporation called the Department of State, and was advised that indeed it was an error, in that the check had been mistakenly applied to an unrelated corporation.

Cosmofrance, Inc. should not be penalized, and should be reinstated without penalty, as it did nothing improper.

I spoke to you and you advised I should write this letter. According, I am enclosing the following (in addition to the documents referred to above):

- 1. Corporation Reinstatement Form.
- 2. Cosmofrance, Inc.'s check in the amount of \$300.00, representing the annual fees for 2001 and 2002.

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I would appreciated receiving confirmation of the reinstatement.

Please feel free to call me with any questions.

Yours truly

GARY R MARLIN

GRM:tm

Encls.

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