

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda C. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000091129

1. Corporation Name

COSMOTRADE GROUP, INC.

Principal Place of Business

4750 N. DIXIE HWY.
FORT LAUDERDALE FL 33334

Mailing Address

4750 N. DIXIE HWY.
FORT LAUDERDALE FL 33334

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4734 NE 12th AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

OAKLAND PARK FL

City & State

Zip Country

33334

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/1999

5. FEI Number

65-0954537

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	MAKRIS, NICKOLAS D	1900 S. OCEAN BLVD.	POMPANO BEACH FL 33062

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

EVE SARAI

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

101 BRAINY AVE SUITE 1705

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33062

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-10-03

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., 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

Daytime Phone #

FILED

03 NOV -6 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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REINSTATEMENT

CR2040 (7/03)