

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 23 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S91273

1. Corporation Name

COSMO-LINE, INC.

2. Principal Office Address - No P.O. Box #

2519 McMULLEN BOOTH RD.

Suite, Apt. #, etc.

SUITE 510-248

City & State

CLEARWATER, FL

Zip

33761

Country

USA

3. Mailing Office Address

2519 McMULLEN BOOTH RD.

Suite, Apt. #, etc.

SUITE 510-248

City & State

CLEARWATER, FL

Zip

33761

Country

USA

REINSTATEMENT

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/91

5. FEI Number

35-2376872

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LARRY CROW

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

1247 SOUTH PINELLAS AVENUE

Suite, Apt. #, Etc.

City

TARPON SPRINGS

State

FL

Zip Code

34689

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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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

REGISTERED AGENT MUST SIGN

Date

2/19/10

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/T	BASILE C.H. PERTSAS	2519 McMULLEN BOOTH RD SUITE 510-248	CLEARWATER, FL 33761
VP/S	RICHARD S. TRUESDALE	2519 McMULLEN BOOTH RD SUITE 510-248	CLEARWATER, FL 33761
			M. MILLIGAN EXAMINER
			FEB 23 2010

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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 #

2-19-10

Basile C. H. Pertsas
2519 McMullen Booth Rd.
Suite 510-248
Clearwater, FL 33761
813-326-6095

February 19, 2010

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Msrs:

Please find enclosed completed reinstatement form for **COSMO-LINE, INC.** and a check for \$2,858.75 for the reinstatement fee and a certificate of status. Please mail the certificate of status to Basile C. H. Pertsas at the above address.

Thank you,

Basile C. H. Pertsas