

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

02 JUN 19 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V 45813**

1. Corporation Name

Cosmopolitan Properties, Inc.

800005970808--3
-06/25/02--01041--024
***1650.00 ***1650.00

2. Principal Office Address

80 Spring Vista Drive

Suite, Apt. #, etc.

Suite 100

City & State

DeBary - FL

Zip

32713

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 96-02

4. Date Incorporated or Qualified
To Do Business in Florida

3/91

5. FEI Number

59-3144326

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

RANDY HILLMAN

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

203 EAST Hillcrest St.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

1500.00 - Adm

61.25 - AR

88.75 - AR SUP

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

[Signature]

Date **6/14/02**

REGISTERED AGENT MUST SIGN

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
DP	SCOTT KOBLEN	80 Spring Vista Dr Suite 100 DeBary FL 32713	

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 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

6/14/02

Date

386 668 9665

Daytime Phone #