

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000087983**

1. Corporation Name

COSTA DEL SOL U.S.A. CORP.

REINSTATEMENT 03



600024056726

10/24/03--01002--019 **750.00

Principal Place of Business

Mailing Address

14527 SW 94TH LANE
MIAMI FL 33186

14527 SW 94TH LANE
MIAMI FL 33186

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

2. New Principal Office Address, If Applicable

~~11160 N. KENDALL DR. STE 102~~

SUITE 102-103

MIAMI, FL

Zip 33176

Country USA

3. New Mailing Office Address, If Applicable

~~11160 N. KENDALL DR. STE 102~~

SUITE 102-103

MIAMI, FL

Zip 33176

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/2002

5. FEI Number

11-3657115

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ABANTO, FRANCISCO	14527 SW 94TH LANE	MIAMI FL 33186
D	ANDAY, JORGE A	4290 SW. 150TH AVENUE	MIAMI FL 33185

8. Name and Address of Current Registered Agent

ABANTO, FRANCISCO
14527 SW 94TH LANE
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

10/17/03

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 #

10/17/03

CR2E040 (7/03)