

**2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F43358

**FILED  
Oct 15, 2012  
Secretary of State**

**Entity Name:** ACOSTA FARMS, INC.

**Current Principal Place of Business:**

21051 SW 177 AVE  
MIAMI, FL 33187

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 970379  
MIAMI, FL 33197

**New Mailing Address:**

**FEI Number:** 59-2123732      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ACOSTA, ALCIDES  
274 GALEON CT  
CORAL GABLES, FL 33143      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALCIDES ACOSTA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ACOSTA, ALCIDES  
Address: 274 GALEON CT  
City-St-Zip: CORAL GABLES, FL 33143

Title: STD  
Name: ACOSTA, EULALIA  
Address: 274 GALEON CT  
City-St-Zip: CORAL GABLES, FL 33143

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALCIDES ACOSTA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

10/15/2012

\_\_\_\_\_  
Date