

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 24 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000000039**

1. Corporation Name  
**COSTA RICA INTERNATIONAL, INC.**

Principal Place of Business	Mailing Address
95 MERRICK WAY #507 CORAL GABLES FL 33134 US	95 MERRICK WAY #507 CORAL GABLES FL 33134 US



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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/02/1997	
City & State		City & State		5. FEI Number	
Zip		Country		87-0432572	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PCD	CHAVES, CALIXTO	95 MERRICK WAY #507	CORAL GABLES FL 33134
TD	QUESADA, JORGE M	95 MERRICK WAY #507	CORAL GABLES FL 33134
SD	CHAVES, MONICA	95 MERRICK WAY #507	CORAL GABLES FL 33134
VD	VARGAS, FEDERICO	95 MERRICK WAY #507	CORAL GABLES FL 33134
			500003455305--2 -11/07/00--01074--006 ***758.75 ***758.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MONICA CHAVES 95 MERRICK WAY #507 CORAL GABLES FL 33134		--Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State   Zip Code
			FL

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.

Signature of Registered Agent: *Phores* REGISTERED AGENT MUST SIGN Date: Oct. 24, 2000

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: *Phores* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/24/2000 Daytime Phone #

CR2E040 (8001)