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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 20 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J62366

Corporation Name
ACOSTA FINANCIAL SERVICES, INC.

Principal Place of Business / Mailing Address
3898 W. TAMIAMI TRAIL
SUITE 204
NAPLES, FL. 34103

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 Address, If Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida: MAY 1987

5. FEI Number: 59-2820627 ☐ 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 (DO NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	PAUL ACOSTA	5840 16TH AVE NW NAPLES, FL 33999	NAPLES, FLORIDA 33999
DIRECTOR	PAUL ACOSTA	SAME	SAME
			500002038085--8 -12/26/96--01015--008 *****75.00 *****75.00

8. Name and Address of Current Registered Agent
LOUIS ERICKSON
2301 CR 951 N.
NAPLES, FL. 33999

9. Name and Address of New Registered Agent
Name: ANN T. FRANK
Street Address (P.O. Box Number is Not Acceptable): 2124 AIRPORT RD S.
Suite, Apt. #, Etc.: STE #102
City: NAPLES State: FL Zip Code: 34112

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: Ann T. Frank
REGISTERED AGENT MUST SIGN
Date: 12/19/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] PAUL ACOSTA 12/19/96 263-2110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E040 (12/95)