

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 25 AM 9:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000003419

Name and Mailing Address

0010731 01 FP 0.352 **PRSRT HO 0 0615 34982-701169



ACOSTA, L.C.
4969 SOUTH U.S. HIGHWAY ONE
FORT PIERCE FL 34982-7011

MJH



10/25 2002

CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 4969 SOUTH U.S. HIGHWAY ONE FORT PIERCE FL 34982		5. Date Organized or Qualified To Do Business in Florida 03/05/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1080329	Applied For Not Applicable
8. Name and Address of Current Registered Agent KOBLEGARD, R.N. 401 SOUTH INDIAN RIVER DRIVE FORT PIERCE FL 34950		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 60000855246 10/25/02--01072--002 **150.00 City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>R. N. Koblegard</u> REGISTERED AGENT MUST SIGN Date <u>10/23/02</u>			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ACOSTA, SARA	XXXXXX 1143 Greenbriar Cove	PORT ST. LUCIE FL 3498X 34986

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager Sara Acosta Date 10/23/02 Telephone (772) 401-2887

Typed or printed name of signing Managing Member/Manager