


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -2 AM 8:51

DOCUMENT # L01000003419 1. Entity Name ACOSTA, L.C.					
Principal Place of Business 4969 SOUTH U.S. HIGHWAY ONE FORT PIERCE, FL 34982				Mailing Address 4969 SOUTH U.S. HIGHWAY ONE FORT PIERCE, FL 34982	
2. Principal Place of Business 4969 S. US1		3. Mailing Address 4969 S. US1			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		10212005 REIN-LLC CR2E101 (6/04)	
City & State Fort Pierce FL		City & State Fort Pierce FL		4. FEI Number 65-1080329	
Zip 34982		Country St. Lucie		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KOBLEGARD, R.N. 401 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Sara Acosta SARA Acosta</u> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ACOSTA, SARA 1143 GREENBRIAR COVE PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			REINSTATEMENT 2005		
SIGNATURE: <u>Sara Acosta SARA Acosta</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>11/28/05</u> Daytime Phone # <u>772 461-287</u>		