

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

2003 NOV 19 AM 8:48

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000003419

Name and Mailing Address

0013255 01 AT 0.292 **AUTO T8 2 0615 34982-701169



ACOSTA, L.C.

4969 SOUTH U.S. HIGHWAY ONE

FORT PIERCE FL 34982-7011



2. New Mailing Address

City, State, Zip

Principal Place of Business

4969 SOUTH U.S. HIGHWAY ONE
FORT PIERCE FL 34982

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/05/2001

6. FEI Number

65-1080329

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

KOBLEGARD, R.N.
401 SOUTH INDIAN RIVER DRIVE
FORT PIERCE FL 34950

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

SIGNATURE REQUIRED

R.N. KOBLEGARD JR. REGISTERED AGENT MUST SIGN

Date 11/10/03

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	1143 GREENBRIAR COVE	PORT ST. LUCIE FL 34988

800021820428
11/13/03--01006--007 **150.00

REINSTATEMENT 2003

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

SIGNATURE REQUIRED

Date 11/10/03

Daytime Phone # 772 461-2887

Typed or printed name of signing Managing Member/Manager

SARA ACOSTA