

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 15 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000004497

1. Corporation Name

Costa Rica Latin America School Supplies, Inc

REINSTATEMENT 02-03

700012960457
05/14/03--01087--007 **\$1.25

2. Principal Office Address 876 Dupont St NE Suite, Apt. #, etc. City & State Palm Bay, FL Zip 32907		3. Mailing Office Address 876 Dupont St NE Suite, Apt. #, etc. City & State Palm Bay, FL Zip 32907	
Country USA		Country USA	

4. Date Incorporated or Qualified To Do Business in Florida May 1999	
5. FEI Number 59-3587469	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
J. Patrick Anderson

Street Address (P.O. Box Number is Not Acceptable)
930 S Harbor City Boulevard

Suite, Apt. #, Etc.
Suite 505

City
Melbourne

State
FL

Zip Code
32901

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/4/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/C/D	Robert Abdul	876 Dupont St NE	Palm Bay, FL 32907
V/D	Gabor Tamasy	999 Jupiter St NW	Palm Bay, FL 32907
S/T/D	Erik Lervaag	876 Dupont St NE	Palm Bay, FL 32907
M	Morgan Neal	1502 Stonegate Rd	La Grange Park, IL 60526

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIK LERVAAG

Date

3/4/03

Daytime Phone #

321-432-5776

CR2E001 (10/02)