


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 26 PM 3:14

DOCUMENT # P00000056818

1. Corporation Name

COSTAL, INC. OF MIAMI

Principal Place of Business

Mailing Address

75 NW 116 STREET
MIAMI FL 33168

75 NW 116 STREET
MIAMI FL 33168



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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/2000

5. FEI Number

65-1020452

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	4 City / State / Zip
PD	HERRERA, FERNANDO	75 NW 116 STREET	MIAMI FL 33168
			700004717087--6 -12/10/01--01098--004 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERRERA, FERNANDO
75 NW 116 STREET
MIAMI FL 33168

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10/28/01

11. 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

Date

Daytime Phone #

COSTAL INC OF MIAMI
1071 NE 214 STREET
MIAMI, FLORIDA 33179
MIAMI (305) 651-4289 (305) 318-9659 FAX (305) 685-3669

10/16/01

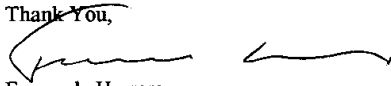
Division of Corporations
PO Box 6327
Tallahassee, FL 6327

R.E: Document # P00000056818

FEI # 65-1020457

To whom it may concern, I Fernando Herrera (President of Costal, Inc of Miami) did not receive the annual report because mailing address has changed. I filled last year's taxes with the new address and also with the postal office. Please feel free to contact me if there's any question.

Thank You,


Fernando Herrera
President