

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000015543

1. Entity Name
DOS COSTAS COMMUNICATIONS, CORPORATION



FILED

05 DEC 20 AM 10:17

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1818 S. AUSTRALIAN AVENUE
SUITE 102
WEST PALM BEACH, FL 33409**

Mailing Address
**1818 S. AUSTRALIAN AVENUE
SUITE 102
WEST PALM BEACH, FL 33409**

2. Principal Place of Business
3300 PGA BOULEVARD

Mailing Address
3300 PGA BOULEVARD

Suite, Apt. #, etc.
SUITE 500

Suite, Apt. #, etc.
SUITE 500

City & State
PALM BEACH GARDENS, FL

City & State
PALM BEACH GARDENS, FL

Zip
33410

Country

Zip
33410

Country

11152005 REIN-P CR2E098 (6/04)

4. FEI Number
65-1077905

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ULLOA, ROLAND A
1818 S. AUSTRALIAN AVENUE
SUITE 102
WEST PALM BEACH, FL 33409**

7. Name and Address of New Registered Agent

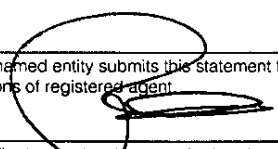
Name
ULLOA, ROLAND A

Street Address (P.O. Box Number is Not Acceptable)
3300 PGA BOULEVARD

SUITE 500

City
PALM BEACH GARDENS, FL Zip Code
33410

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  DATE **11/10/2005**

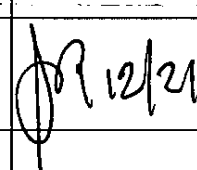
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00**

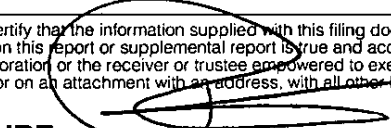
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ULLOA, ROLAND A 1818 S. AUSTRALIAN AVENUE SUITE 102 WEST PALM BEACH, FL 33409	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ULLOA, ROLAND A 3300 PGA BOULEVARD SUITE 500 PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800062280608 12/20/05--01007--007 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **11/10/2005** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD M. SCHERZI
Certified Public Accountant & Certified Financial Planner™
6156 Drake Street, Jupiter, Florida 33458
561-746-1926 (Office) 561-747-2504 (Fax)
Web Site: www.donaldscherzicpa.com
E-mail: donaldcpa@bellsouth.net

November 10, 2005

COMPANY INFORMATION:

Mr. Roland A. Ulloa-President & Owner
Dos Costas Communication Corporation, Inc.
29000 Radio Road
Barstow, CA 92311
760-256-2121
760-256-5382

TO: Florida Division Of Corporations
Corporate Reinstatement Department
850-245-6059

RE: Request for waiver of \$600 late filing fee

Dear Florida Division of Corporations:

I respectfully request a waiver of the \$600 reinstatement fee and any other penalties due to the following reasons.

I operate my daily business operations in Barstow, California. As such, I did not receive my annual notice for renewal in the mail and was not aware it had been mailed to me to respond or follow up on.

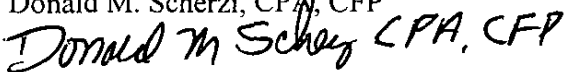
I will provide the Department with my California address where the annual report can be sent to make sure that I receive it in future years.

There was no willful disregard for the law on my part and I appreciate your attention and understanding in this matter.

Sincerely,


Roland A Ulloa-President & Owner

Donald M. Scherzi, CPA, CFP


Donald M Scherzi CPA, CFP