

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 MAR 16 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000020350

1. Corporation Name

ACOSTA TRUCKING CORPORATION

2. Principal Office Address

16231 SW 92 TERRACE

3. Mailing Office Address

16231 SW 92 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33196

Country

Zip

33196

Country

4. Date Incorporated or Qualified

To Do Business in Florida 2-23-2001

5. FEI Number

593700643

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-09

7. Name and Address of Current Registered Agent

Name

DAVID ACOSTA

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

16231 SW 92 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

900029903819  
03/05/04--01005--001 \*\*150.00

900029903819  
03/16/04--01018--002 \*\*150.00  
State Zip Code  
FL 33196

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

Date 2-27-04

REGISTERED AGENT MUST SIGN

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	DAVID ACOSTA	16231 SW 92 TERRACE	MIAMI, FL 33196

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:

David Acosta

2-27-04 (786) 251-9580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

Acosta Trucking Corporation  
16231 SW 92 Terrace  
Miami, FL 33196

February 23, 2004

Florida Department of State  
Division of Corporations  
Tallahassee, Florida 32302

Re: 2003 Uniform Business Report

Dear Sir/Madam:

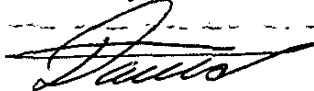
I write to ask for reinstatement of the above named corporation. It was administratively dissolved for not having filed my 2003 uniform business report.

Since my mailing and residence address changed last year, I did not receive the 2003 UBR. Yet, I provided my accountant with the \$150 filing fee, and he was to pay and file the report. I have attempted to contact the accountant, but he has not communicated with me.

Attached is the reinstatement form and the \$150 filing fee for 2003. Please reinstate my corporation as soon as possible.

Sincerely,

*please, please, please, please.*



David Acosta  
President