

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION  
REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

02 DEC -2 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000032127

**1. Corporation Name**

COSTA ENTERPRISES, INC

<b>2. Principal Office Address</b>		<b>3. Mailing Office Address</b>	
2836 N.W. 80 AVE.		2836 N.W. 80 Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
2836		2836	
City & State		City & State	
Sunrise, Florida		Sunrise, FLORIDA	
Zip	Country	Zip	Country
33322	USA	33322	USA

**4. Date Incorporated or Qualified To Do Business in Florida** 3/26/2001

**5. FEI Number** 65-1087784 **Applied for** Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75 Additional Fee required for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name  
EMANUEL COSTA

Street Address (P.O. Box Number is Not Acceptable)  
2836 N.W. 80 AVE.

Suite, Apt. #, Etc.  
2836

City  
SUNRISE,

State  
FL

Zip Code  
33309

**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 Emanuel Costa Date 10/25/2002

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 / Street / Zip
D	COSTA, EMANUEL	2836 N.W. 80 AVE.	Sunrise, Florida 33322

**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: Emanuel Costa Date 10/25/2002 954-709-1205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

gr 12/5

# KATTOURA & ASSOCIATES, INC.

ACCOUNTING, BOOKKEEPING & TAX SERVICES

One S. Ocean Blvd. #315  
Boca Raton, Fl. 33432  
TEL: (561) 362-0491

P.O. Box 728  
Boca Raton, Fl. 33429  
FAX: (561) 394-5134

National Society of Tax Professional

October 25, 2002

Division Of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

**REF: Costa Enterprises, Inc**  
**Annual Report #P01000032127**

Dear Sirs.

The Above referenced corporation has never received any notices at all. We are enclosing a report and a check in the amount of \$ 150,00 for 2002. Please accept this annual report as reinstatement.

Although we would like to verify our address currently is the right one as we show in the annual report form.

Thank you for your cooperation in this matter..

If you have any further, please do not hesitate to contact us.

Sincerely,

  
Andre K. Kattoura