2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 NOV -2 AM 9: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 8/4-05

01272005 REIN-P CR2E098 (6/04)

DOCUMENT # P02000111256

1. Entity Name
ACOSTA PRODUCE INC.

Principal Place of Business
1825 NW 22 STREET
MIAMI, FL 33142

Mailing Address
1825 NW 22 STREET
MIAMI, FL 33142

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ACOSTA, VICTOR
1825 NW 22 STREET
MIAMI, FL 33142

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PTVS	☐ Delete
NAME	ACOSTA, VICTOR	
STREET ADDRESS	1825 NW 22 STREET	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	11/01/05 01012 003 500.00	
CITY-ST-ZIP	11/01/05 01012004 402.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	700004C90EE77	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	700004C90EE77	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: ______ 01-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

APC ACCOUNTING SERVICES, INC
15128 SW 72nd ST

October 18, 2005

To Whom It May Concern:

Replying to subject ACOSTA PRODUCE, INC
Ref. Number: P02000111256

Greetings my name is Ada Estrada, accountant of Mr. Victor Acosta, president of ACOSTA PRODUCE, INC. On behalf of Mr. Acosta I apologize for the inconvenience that the bounced check may be have caused.

I spoke to Ms. Patricia Bailey about the reinstatement fee of the company, according to what we talked; the reinstatement fee can be US $ 900.00, we are sending the cashier's check and we would like to know if the Division of Corporations agrees with this.

Thank you for your time.

Ada Estrada
Accountant, B.Acc., MIS, MACC