

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -9 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PD2000130278**

1. Corporation Name **COSTA DO SOL of PACI COAST INC.**
39 COLLINGWOOD LN
PACI COAST, FL 32137

2. Principal Office Address
1 COMMERCIAL CT

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PACI COAST, FL

Zip **32137** Country **FLAGLER**

Zip Country

200030121172
03/09/04--01061--001 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

74-3072447

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

Sonia Martins

REINSTATEMENT

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

39 COLLINGWOOD LN

Suite, Apt. #, Etc.

City

PACI COAST, FL

State

FL

Zip Code

32137

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/2/04

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
D	Sonia Martins	39 COLLINGWOOD LN	PACI COAST, FL 32137
D	CIRILO MARTINS	39 COLLINGWOOD LN	PACI COAST, FL 32137

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/2/04

Daytime Phone #

(386) 447 8806

CR2E081 (01/04)

2 of 2

Costa Do Sol
39 Collingwood Lane
Palm Coast, FL 32137

March 2, 2004

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Re Costa Do Sol - P02000130278


Dear Sir/Madam:

As a follow-up to a telephone call I made to your office, I wish to reiterate that I did not receive the annual report for the year 2003. As you may note from the attached document printed from your website, the address which is on file at your office is incorrect for Costa Do Sol. The correct address is 39 Collingwood Lane, Palm Coast, FL 32137.

In light of this, I am enclosing the \$300.00 as was instructed by your office for a reinstatement of the corporation.

I appreciate your cooperation in this matter.

Sincerely,



Sonia Martins
Director