2005 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT# P03000092997** 1. Entity Name FILED JOAO LUIS COSTA, INC. 05 APR 18 PM 4:51 Principal Place of Business Mailing Address LEGHETARY OF STATE ALLAHASSEE, FLORIDA 4384 NW 9TH AVE #19-C3 POMPANO BEACH, FL 33064 2. Principal Place of Business 3. Mailing Address 10800 Old Saint Augustine Road 10800 Old Saint Augustine Road Suite Apt.#, etc. Suite. Apt. #: etc. DO NOT WRITE IN THIS SPACE # 205 #205 City & Stale City & Stale Applied For 4. FEI Number Jacksonville, FL Jacksonville, FL 20-0181531 Not Applicable Zφ Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired П **DUVAL** 32257 32257 DUVAL Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **JOAO LUIS COSTA** Street Address (P.O. Box Number is Not Acceptable) 10800 Old Saint Augustine Road # 205 Jacksonville, FL 32257 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE:Registere Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2004 Fee will be \$650.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PRESIDENT Delete TITLE Change Addition JOAO LUIS COSTA NAME NAME STREET ADDRESS 10800 Old Saint Augustine Road # 205 STREET ADDRESS CITY-ST-ZIP Jacksonville, FL 32257 CITY-ST-ZIP Delete TITLE TIME Addition 700053924967 05/05/05--01063--011 **300.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dekete TITLE πLE Addition NAME BTREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delena TITLE TILE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZII CITY-ST-ZIF Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 1 hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1 19.07(3)(1), 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 reference of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Date Dayline Phone \$

SIGNATURE:

FLORIDA DEPARTMENT OF STATE Division of Corporation 2004 Uniform Business Report (UBR) P.O. Box 6327 Tallahassee, FL 32314

P03000092997
JOAO LUIS COSTA INC.

To Whom It May Concern:

This letter is to inform you that the corporation mentioned above has been made inactive for non-payment of the Annual Report which had a deadline of 10/01/2004.

Unfortunately, I do not have anything in file, and I do not remember receiving notice of our obligation to file an annual report. As a result of this misunderstanding I was unaware of my corporation becoming inactive. I now want to reinstate it, but I am asking that the reinstatement fee be waived. Along with this letter I am including a check of \$ 300.00 for the 2004 and 2005 Business Annual Report.

Thank you for your attention, should you have any questions please do not hesitate to contact me using the information listed below.

Sincerely,

JOAO LUIS COSTA, CORPORATION

Joad Luis Costa - President 10800 Old Saint Augustine Road # 205

Jacksonville FL 32257

Phone: (954) 691-5769