

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 NOV 26 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000004012

1. Corporation Name

Costalota Ranch, Inc.

2. Principal Office Address - No P.O. Box #
8037 Associate Blvd.

3. Mailing Office Address
8037 Associate Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sebring, FL

City & State
Sebring, FL

Zip Country
33876 US

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33876 US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/2005

5. FEI Number

20-2131074

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Roy B. Copeland Sr

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

Suite, Apt. #, Etc.

City
Sebring

State Zip Code
FL 33876

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11/26/12--01045--001 **1698.75

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 11/19/2012

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	Roy B Copeland Sr.	8037 Associate Blvd.	Sebring, FL 33876
S	Sandra B Copeland	8037 Associate Blvd.	Sebring, FL 33876
V	Warren D. Copeland	8037 Associate Blvd.	Sebring, FL 33876
T	Sandra B Copeland	8037 Associate Blvd.	Sebring, FL 33876

06-12 REINSTATEMENT
NOV 27 2012
T. SCOTT

10. E-mail Address: tracy@sebringseptic.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Roy B. Copeland Sr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #