



DOCUMENT # P06000040178

## 1. Corporation Name

COSTALONGA CORP.

FILED

09 MAR 30 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/08)

07-09

## 2. Principal Office Address - No P.O. Box #

1501 NW 13TH ST

## 3. Mailing Office Address

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

City &amp; State

BOCA RATON, FL

City &amp; State

Zip

33486

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/20/2006

## 5. FEI Number

20-4513007

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

EDUARDO J LUCAS

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

1501 NW 13TH ST

Suite, Apt. #, Etc.

2

City

BOCA RATON

State

FL

Zip Code

33486

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

## 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 2/19/09

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.D	EDUARDO J LUCAS	1501 NW 13TH ST #2	BOCA RATON, FL 33486

200144270152  
02/24/09--01012--001 \*\*300.00

200144270152  
03/30/09--01048--025 \*\*158.75

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/09

Date

561-305-4870

Daytime Phone #