

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000081919

1. Entity Name
DA COSTA CONSTRUCTION INC



FILED

09 APR 28 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

08-09

Principal Place of Business
2159 27 AVE N
ST PETERSBURG, FL 33713

Mailing Address
2159 27 AVE N
ST PETERSBURG, FL 33713

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
20-5051768

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DA COSTA, FERNANDO M
2159 27 AVE N
ST PETERSBURG, FL 33713

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

Fernando M Costa

(NOTE: Registered Agent signature required when reinstating)

4-20-09

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DA COSTA, FERNANDO M
STREET ADDRESS 2159 27 AVE N
CITY-ST-ZIP ST PETERSBURG, FL 33713

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Fernando M Costa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-09