

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -9 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000105896

1. Corporation Name

Costa Rica Travel, Inc.

W09-13119

400146224564

03/19/09 - 01011-008 - 45000

CR2E081 (12/08)

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

221 Palm River Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Unit 102

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Zip

334110

Country

US

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/15/06

5. FEI Number
03-0605939

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

Joseph Kuharcik

Street Address (P.O. Box Number is Not Acceptable)
1211 Plaza Circle

Suite, Apt. #, Etc.

City

Singer Island

State

FL

Zip Code

33404

☒ 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

Joseph Kuharcik
REGISTERED AGENT MUST SIGN

Date *4/6/09*

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	Louis M. Blank	221 Palm River Blvd., Unit 102	Naples, Florida 34110

REINSTATEMENT

Am

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:

L.M. Blank Louis M. BLANK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/16/09

Daytime Phone #

1-888-672-2057