

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 MAR 19 AM 7:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-06000108216

1. Corporation Name

Luis Acosta R/c INC

400120857064
03/20/08--01034--020 **150.00

REINSTATEMENT 07-08

CR2E081 (12/07)

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

12105 SW 3 ST RD

Suite, Apt. #, etc.

3. Mailing Office Address

SAUR

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

F. LO R I D A.

Zip

33184

Country

US.

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

8/18/2006

5. FEI Number

14-1973793

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

Luis Acosta

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

12105 SW 3 ST RD.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33184

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

3/5/2008.

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
<u>Pres.</u>	<u>Luis Acosta</u>	<u>12105 SW 3 ST RD</u>	<u>Miami FL 33184</u>

400120857064
03/20/08--01034--021 **150.00

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

Date

7/17/08

Daytime Phone #

2 of 2

MARCH 5, 2008

To whom it my concern:

Document # P06000108216

I, LUIS ACOSTA, in charge of LUIS ACOSTA AC, INC. Corporation, is asking not to pay the \$ 600.00 charged to the corporation for not renewing such at the right time.

I, never received the postcard on time to renew the corporation.

I'll greatly appreciate it if the charges are dismissed.

If any questions please, do not hesitate to contact me.
My phone number is (786) 443-0563


LUIS ACOSTA