

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 NOV 19 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000081395

1. Corporation Name

COSTA RICAN ADVENTURES, INC.

Principal Place of Business

Mailing Address

13225 BISCAYNE ISLE TERR  
NORTH MIAMI FL 33181  
US

13225 BISCAYNE ISLE TERR  
NORTH MIAMI FL 33181  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

13225 Biscayne Island Terrace  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N Miami FL  
Zip 33181 Country US

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/20/1995

5. FEI Number

65-0625607

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	BROOKS, STEPHEN R	13225 BISC. ISLE TERR	N MIAMI FL

8000002700878--0  
-12/02/98-01043-017  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROOKS, STEPHEN  
13225 BISCAYNE ISLE TERR  
NORTH MIAMI FL 33181

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11/16

11/ This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax)

12. 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 under section 119.07(3)(f), 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/16

305-891-8904  
Daytime Phone #

CR2E040 (9/98)

Wfz

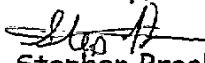


November 16, 1998

To Whom it May Concern,

I am enclosing a check for \$150.00 for my annual report fee and my corporate supplemental fee. I never received the annual report earlier in the year and that is why I have not enclosed the \$600.00 reinstatement fee. If there is any problem with this please call our office at 1-305-891-8904. Thank you.

Sincerely,

  
Stephen Brooks