

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAG 2 10/2

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000039368

1. Corporation Name

R & L ACOSTA INC.

Principal Place of Business

10115 NW 79TH AVENUE
HIALEAH GARDENS FL 33016

Mailing Address

10115 NW 79TH AVENUE
HIALEAH GARDENS FL 33016

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1998

5. FEI Number

65-0847788

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ACOSTA, RALPH J	14937 SW 170TH TERRACE	MIAMI FL 33187
			100004659471--8 -10/30/01--01071--013 *****550.00 *****550.00
			OLIVER 78

8. Name and Address of Current Registered Agent

ACOSTA, RALPH J
1583 SW 161 AVE
PEMBROKE PINES FL 33027

9. Name and Address of New Registered Agent

Name Acosta Ralph J
Street Address (P.O. Box Number is Not Acceptable)
1327 Portofino Circle Apt # 711
Suite, Apt. #, Etc.
City Weston
State FL Zip Code 33326

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

Ralph J Acosta
REGISTERED AGENT MUST SIGN

Date

10/9/01

11. 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)(i), 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:

Ralph J Acosta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/09/01 (305) 825-3313

CR2E040 (8/01)

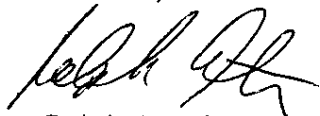
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October 10, 2001

To whom it may concern,

As per my telephone conversation I am submitting a check and the renewal form of my corporation for the second time. I initially sent the payment on September 12, 2001 with the appropriate paperwork, but apparently it hasn't reached your offices. I received a reinstatement notice. I called your offices and was told to call my bank and see if the check has cleared and if not to put a stop payment on it and send another. So I called my bank to see if the check had cleared and saw that it didn't, I put a stop payment on that check and I am sending another check and this letter with an explanation, as I was instructed to do by the person who answered the phone at your office. Thank you for all of your help.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ralph Acosta', written in a cursive style.

Ralph Acosta