

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000039368

1. Corporation Name

R & L ACOSTA INC.

2. Principal Office Address

10415 NW 79TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

10115 NW 79TH AVENUE

Suite, Apt. #, etc.

City & State

HIALEAH GARDENS, FL

City & State

HIALEAH GARDENS, FL

Zip

33016

Country

US

Zip

33016

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 4/30/1998

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. Name and Address of Current Registered Agent

Name

RALPH J. ACOSTA

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

1327 PORTOFINO CIRCLE

Suite, Apt. #, Etc.

APT 711

City

WESTON

State  
FL

Zip Code

33326

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

REGISTERED AGENT MUST SIGN

Date 11/4/02

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	JOSE A. MARTINEZ	15736 SW 98 STREET	MIAMI, FL 33196
S	RALPH J. ACOSTA	13397 MAJESTIC WAY	COOPER CITY, FL 33330

500008810575  
11/09/02--01089--009 \*\*300.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/04/02

Date

Daytime Phone #

282

**TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314**

**TO WHOM IT MAY CONCERN:**

**AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.**

**I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2002 ANNUAL REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.**

**THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.**

**CORDIALLY**

  
**RALPH J ACOSTA  
SECRETARY**