

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -6 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000039593

1. Corporation Name  
COSTA JAVA, INC.

*AK*

**REINSTATEMENT** 00-04  
300035714183  
05/06/04--01057--009 \*\*750.00 WOP

2. Principal Office Address  
P. O. BOX 600324

3. Mailing Office Address  
P. O. BOX 600324

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL

City & State  
JACKSONVILLE, FL

4. Date Incorporated or Qualified  
To Do Business in Florida 05/01/1998

5. FEI Number  
59-3508215

Applied For  
Not Applicable

Zip  
32260

Country  
USA

Zip  
32260

Country  
USA

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
LAURA P. COSTA

Street Address (P.O. Box Number is Not Acceptable)  
1120 KALMIA COURT

Suite, Apt. #, Etc.

City  
JACKSONVILLE

State  
FL

Zip Code  
32259

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

*Laura Costa*  
REGISTERED AGENT MUST SIGN

Date

4/27/04

**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
D	LAURA P. COSTA	1120 KALMIA COURT	JACKSONVILLE, FL 32259

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)(l), 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:

*Laura Costa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/04

Daytime Phone #

614-8066

CR2EB1 (01/04)



PORTNOY, SHAINBROWN & Co. CPA's, P.A.

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

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April 27, 2004

Honorable Glenda E. Hood  
State of Florida Secretary of State  
Department of State  
Division of Corporations - Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Costa Java, Inc.  
Document # P98000039593

Dear Secretary of State Hood:

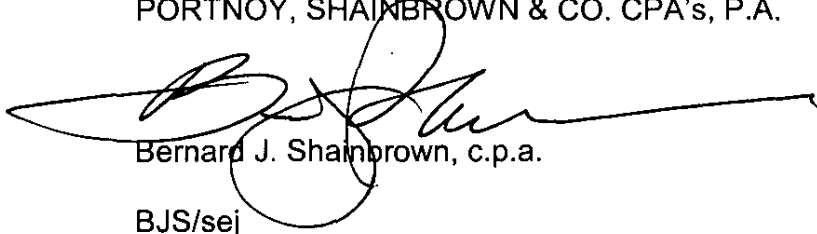
We have been requested by the President of the above-listed corporation to request corporation reinstatement.

In this connection, please be aware, the Corporation did not previously receive the 2000 Uniform Business Report and Reports thereafter, and respectfully requests your abatement and waiver of the additional fee.

Enclosed please find the completed Corporation Reinstatement Form along with their remittance of \$750.00, which represents payment of annual fees for the years 2000, 2001, 2002, 2003 and 2004.

Thank you very much for your consideration and cooperation.

Sincerely yours,  
PORTNOY, SHAINBROWN & CO. CPA's, P.A.



Bernard J. Shainbrown, c.p.a.

BJS/sej  
Enclosures