2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000045034

Entity Name: ACOSTA FAMILY HOLDINGS, INC.

FILED Nov 10, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
C/O MARIO R. DELGADO PA 2000 PONCE DE LEON BLVD. MIAMI, FL 33134 US			1155 BRICKELL BAY DRIVE 1904 MIAMI, FL 33131 US		
Current Mailing Address:			New Mailing Address:		
	R. DELGADO DE DE LEON BI 33134 US		C/O NELSO PO BOX 05 MIAMI, FL		
FEI Number:	65-0841627	FEI Number Applied For () FEI Nu	mber Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name				Name and Address of New Registered Agent:	
2000 PONC #102	DELGADO, P.A DE DE LEON BI BLES, FL 3313	LVD.	#102	CE DE LEON BLVD. ABLES, FL 33134 US	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATUR	E: MARIO DE			11/10/2008	
	Electronic	Signature of Registered Agent		Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	PD () E ACOSTA, NELSO 2200 N. COMMER WESTON, FL 33	RCE PKWY #100	Title: Name: Address: City-St-Zip:	PRES (X) Change () Addition ACOSTA, NELSON PO BOX 0577 MIAMI, FL 33231-057 US	
Title: Name: Address: City-St-Zip:	()[Delete	Title: Name: Address: City-St-Zip:	1155 () Change (X) Addition ACOSTA, NELSON N NELSON 1155 BRICKELL BAY DRIVE MIAMI, FL 33131	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON ACOSTA PRES 11/10/2008