PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 FEB -4 AM 10: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S15587

1. Corporation Name

Acosta & Associates, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
223 Catalonia Avenue	223 Catalonia Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

REINSTATEMENT 95-11
CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 11/20/1990

5. FEI Number: 650233402 ☐ 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: Carmen Delava Acosta

Street Address (P.O. Box Number is Not Acceptable): 7200 SW 148 Terrace

Suite, Apt. #, Etc.:

City: Palmetto Bay State: FL Zip Code: 33158

500189069465
02/08/11--01010--002 **291.25

500189069465
12/28/10--01020--008 **2858.75

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: C. A. C. [illegible] Date: 2/3/2011

REGISTERED AGENT MUST SIGN

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	Carmen Delava Acosta	7200 SW 148 Terrace	Palmetto Bay, FL 33158

10. E-mail Address: C_acosta@bellsouth.net
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: C. A. C. [illegible] Carmen Delava Acosta 2/3/2011 (305) 795-4181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #