

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S59626

1. Corporation Name

COSTA-USA, INC.

Principal Place of Business

Mailing Address

1201 Centaur Plaza Ct.
#204
Lafayette, CO 80026

Grand Bay Plaza
Penthouse One-A
2665 S. Bayshore Drive
Coconut Grove, FL 33133

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

2. New Principal Office Address, If Applicable
Insurgentes Sur 1999

3. New Mailing Office Address, If Applicable
Insurgentes Sur 1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Colonia Guadalupe Inn

Colonia Guadalupe Inn

City & State

City & State

Mexico, D.F.

Mexico, D.F.

Zip

Country

Zip

Country

Mexico, D.F.

Mexico, D.F.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***1200.00 ***1200.00

REINSTATEMENT

95-98

4. Date Incorporated or Qualified
To Do Business in Florida
6/10/91

5. FEI Number

65-0274303

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Terrence R. H. Gape	Insurgentes Sur 1999 Colonia Guadalupe Inn	Mexico, D.F.
S	Carla Revilla	Insurgentes Sur 1999 Colonia Guadalupe Inn	Mexico, D.F.
Ass't S	David Suarez	Insurgentes Sur 1999 Colonia Guadalupe Inn	Mexico, D.F.
T	Jaime Marquez	Insurgentes Sur 1999 Colonia Guadalupe Inn	Mexico, D.F.
Ass't T	Thomas Warren	Insurgentes Sur 1999 Colonia Guadalupe Inn	Mexico, D.F.

8. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street
Suite 105
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name

Oscar J. Vila, III

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

338 Minorca Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/18/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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: X

[Signature]

CARLA REVILLA SECRETARY

11/13/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0-0 (11/98)