

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 MAY -4 AM 11: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V19473

1. Corporation Name
COSTA DEL SUR TRANSPORTATION, INC.

Principal Place of Business
7950 SW 34 ST
MIAMI FL 33155

Mailing Address
7950 SW 34 ST
MIAMI FL 33155



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

2. New Principal Office Address, If Applicable 941 SW 87th AVE Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 941 SW 87th AVENUE Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 03/09/1992	
City & State MIAMI FLORIDA Zip 33174 Country DADE		City & State MIAMI, FLORIDA Zip 33174 Country DADE		5. FEI Number 65-0316784 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MORALES, TIBIZAY	675 N.W. 85 ST. # 112 1801 COLLINS AVE # 423	MIAMI FL MIAMI BEACH, FL 33139
SD	MORALES, JAIME, JR.	675 N.W. 85 ST. # 112 1801 COLLINS AVE # 423	MIAMI FL MIAMI BEACH, FL 33139
TD	MORALES, CLAUDIA	675 N.W. 85 ST. # 112	MIAMI FL 700002516097--2 -05/07/98--0114--011 ***300.00 ***300.00
REINSTATEMENT			

8. Name and Address of Current Registered Agent

MORALES, TIBIZAY
7950 SW 34 ST
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name
MORALES, TIBIZAY

Street Address (P.O. Box Number is Not Acceptable)
1801 COLLINS AVE

Suite, Apt. #, Etc.
423

City
MIAMI BEACH

State
FL

Zip Code
33139

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 *Tibizay Morales* Date 4/20/98
REGISTERED AGENT MUST SIGN

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: *Tibizay Morales* 4/20/98 305 672-7903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/97)