

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR -3 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 35036

1. Corporation Name

COSTA VERDE PROPERTIES, INC.

2. Principal Office Address

1177 Park Avenue

Suite, Apt. #, etc.

Suite 4

City & State

Orange Park, Florida

Zip

Country

3. Mailing Office Address

P. O. Box 764

Suite, Apt. #, etc.

City & State

Orange Park, Florida

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5/11/92

5. FEI Number

59-3125207

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

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

BRIAN COURTNEY, ASST. V.P.

Date March 2, 2000

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
D/V	Lee Najjar	3135 Medlock Bridge Rd.	Norcross, GA 30071
	Lee Najjar	3135 Medlock Bridge Rd.	Norcross, GA 30071
D	Bassem Najjar	8430 Mizner Circle	Jacksonville, FL 3221
			32217

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)(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:

Lee Najjar March 2, 2000 770-300-9998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

V35036

(2)



ACCOUNT NO. : 072100000032

REFERENCE : 610835 4322291

AUTHORIZATION :

COST LIMIT : \$ 1058.75

Patricia P. [signature]

ORDER DATE : March 3, 2000

ORDER TIME : 11:50 AM

ORDER NO. : 610835-010

CUSTOMER NO: 4322291

CUSTOMER: Mr. James Walker
Powell Goldstein Frazer &
191 Peachtree St., N.e.
16th Floor
Atlanta, GA 30303

DOMESTIC FILINGS

NAME: COSTA VERDE PROPERTIES, INC.

RECEIVED
00 MAR -3 PM 1:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS _____