

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 NOV 23 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S59626

1. Corporation Name
COSTA-USA, INC.

300002698613--D
-12/01/98--01034--005
***1200.00 ***1200.00

REINSTATEMENT 95-98

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
Suite, Apt. # etc.
Colonia Guadalupe Inn
City & State
Mexico, D.F.
Zip Country
Mexico, D.F.

3. New Mailing Office Address, If Applicable
Insurgentes Sur 1999
Suite, Apt. #, etc.
Colonia Guadalupe Inn
City & State
Mexico, D.F.
Zip Country
Mexico, D.F.

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
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

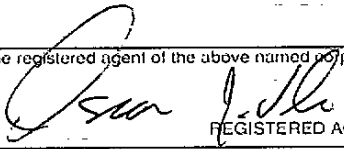
Suite, Apt. #, Etc.

City
Coral Gables

State
FL

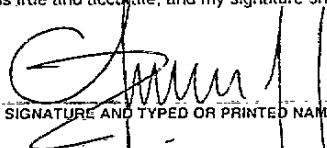
Zip Code
33134

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  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  CARLA REVILLA SECRETARY 11/13/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E-04 (1/98)