

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 28 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S59626**

1. Corporation Name

Costa-USA, Inc.

REINSTATEMENT 04-08

CR2E081 (12/07)

2. Principal Office Address (No P.O. Box #)		3. Mailing Office Address	
6161 Blue Lagoon Dr.		Same	
Suite, Apt. #, etc. Suite 190		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33126	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. (FEL) 650274303	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Oscar J. Vila, Esq.			
Street Address (P.O. Box Number is Not Acceptable) 2320 Ponce de Leon Boulevard			
Suite, Apt. #, Etc. 2nd Floor			
City Coral Gables	State FL	Zip Code 33134	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

7/24/08

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
Dir.	Raul Miyares	6161 Blue Lagoon Dr Suite 190	Miami, FL 33126

100134357621
03/12/08--01013--006 **750.00

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 contained in Chapter 119, 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:

[Signature] **RAUL J. MIYARES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07/24/08

Daytime Phone #

XC 7/28