

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC -5 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004056

1. Corporation Name

UNIVERSIDAD SANTA MARIA, INC.

Principal Place of Business

Mailing Address

C/O AMBLER MOSS, JR. GREENBERG TRAUIG, PA
1221 BRICKELL AVE.
MIAMI FL 33131

C/O AMBLER MOSS, JR. GREENBERG TRAUIG, PA
1221 BRICKELL AVE.
MIAMI FL 33131



REINSTATEMENT

2000

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

2. New Principal Office Address, If Applicable
15151 W. Dixie Highway

3. New Mailing Office Address, If Applicable
15151 W. Dixie Highway

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

xx Applied For

Not Applicable

City & State

City & State

No. Miami Beach FL

No. Miami Beach FL

Zip
33162

Country

Zip

33162

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	Vittorio De Stefano	15151 W. Dixie Highway	No. Miami Beach FL 33162
V/D	Eloy Alberran	15151 W. Dixie Highway	No. Miami Beach FL 33162
D	Lisbeth Figallo	3750 NW. 114 Avenue-Bay 7	Miami FL 33178

100003509251--8
-12/20/00--01079--013
****245.00 ****245.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICES COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

Name
Ambler Moss / c/o Greenberg Traurig
Street Address (P.O. Box Number is Not Acceptable)
1221 Brickell Avenue
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33131

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 20 NOV 2000

305-579-0543

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 NOV 2000

Date

305-944-5237

Daytime Phone #