

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000107765

1. Corporation Name

SANTA MARIA DEERING BAY OF FLORIDA, INC.

Principal Place of Business

355 ALHAMBRA CIRCLE STE 1201
CORAL GABLES FL 33134

Mailing Address

355 ALHAMBRA CIRCLE STE 1201
CORAL GABLES FL 33134

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

2. New Principal Office Address, If Applicable

8201 NW 64th No. 3

Suite, Apt. #, etc.

MIAMI

City & State

FLORIDA

Zip

33166

Country

UNITED STATES

3. New Mailing Office Address, If Applicable

406 GINER BERNARD

Suite, Apt. #, etc.

8201 NW 64th No. 3

City & State

MIAMI, FL

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/2001

5. FEI Number

30-8816797

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PITA, CARLOS	355 ALHAMBRA CIRCLE STE 1201x 1581 Brickell Ave., Unit 906	CORAL GABLES FL 33134x Miami, FL 33129

900008976879

11/14/02--01005--003 **150.00

8. Name and Address of Current Registered Agent

JORGE E OTERO & ASSOCIATES PA

75 VALENCIA AVE STE 400 Suite 200

CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/4/02

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 REQUIRED
CARLOS PITA PITA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02 (305) 8103730

Date

Daytime Phone #

CR2E040 (8/02)

November 4, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

REF. SANTA MARIA DEERING BAY OF FLORIDA, INC /
DOCUMENT # P01000107765


Dear Sirs:

According to the Notice of Administrative Dissolution or Revocation sent on the above referenced corporation we would like to inform you that prior UBR notices were not received.

Thank you in advance for your cooperation on this matter.

Regards,

By: Santa Maria Deering Bay of Florida Inc.



Carlos Pita Pita
Director