


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000012509**

1. Corporation Name

SANTA MARIA U.S.A., INC.

Principal Place of Business

Mailing Address

% MIGUEL ANGEL ALFARO RIERA
13268 POLO CLUB RD., APT. A206
WEST PALM BEACH FL 33414-7249

% MIGUEL ANGEL ALFARO RIERA
13268 POLO CLUB RD., APT. A206
WEST PALM BEACH FL 33414-7249

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1992

5. FEI Number

65-0376628

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ALFARO, MIGUEL A	13268 POLO CLUB RD., APT. A206	WEST PALM BEACH FL 33414

800004669318--2

-11/06/01--01071--017

****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALFARO, MIGUEL A
13268 POLO CLUB ROAD
206-A
WEST PALM BEACH FL 33414

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-18-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIGUEL ANGEL ALFARO

Date

Daytime Phone #

10-18-01

CR20040 (8/01)

October 18, 2001

Re: 65-0376628

Santa Maria U.S.A., Inc.

To Whom It May Concern:

I received a notice of dissolution in the mail about 3-4 days ago. I am writing because I never received any notice to renew my corporation. This is the first notice I receive and it comes when you have already closed my corporation. I spoke to a representative at your offices and he instructed me to mail a check for \$150.00 and a letter explaining my situation. I hope that this problem can be resolved easily.

Thank you for your help. If there is anything else I need to do please contact me at your convenience.

Sincerely,

Miguel Angel Alvaro

