

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
03 DEC 23 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000012509

1. Corporation Name

SANTA MARIA U.S.A., INC

2. Principal Office Address

13268 POLO CLUB RD

Suite, Apt. #, etc.

A-206

City & State

WELLINGTON, FL.

Zip

33414-7247

Country

U.S.A.

3. Mailing Office Address

13268 POLO CLUB RD.

Suite, Apt. #, etc.

A-206

City & State

WELLINGTON, FL.

Zip

33414-7247

Country

U.S.A.

300025307613

12/08/03--01013--016 \*\*150.00

07

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/92

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. Name and Address of Current Registered Agent

Name

MIGUEL A. ALFARO

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

13268 POLO CLUB RD.

Suite, Apt. #, Etc.

A-206

City

WELLINGTON,

State

FL

Zip Code

33414-7247

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

REGISTERED AGENT MUST SIGN

Date 11/28/2003

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
Pres.	MIGUEL A. ALFARO	13268 POLO CLUB RD. #A-206	WELLINGTON, FL 33414

10. I certify that I am an officer or director of 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

11/28/03

Date

(561) 791-0270

Daytime Phone #

CR2E081 (10/02)

December 1, 2003

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

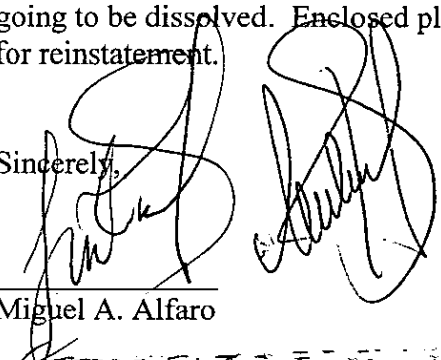
Re: Santa Maria U.S.A., Inc.  
P92000012509  
Reinstatement

To Whom It May Concern:

I am writing because I called your offices and was told to do so. This is because a financial institution I do business with informed me that my corporation had been dissolved due to not filing the annual report.

I never received a form to file the report or a letter explaining that the corporation was going to be dissolved. Enclosed please find check for \$150.00 in addition to application for reinstatement.

Sincerely,

  
Miguel A. Alfaro