

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 FEB 10 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000026567

1. Corporation Name

SANTA CLARA INC

Principal Place of Business

Mailing Address

1690 12<sup>th</sup> FAIRWAY  
WELLINGTON, FL 33414

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

REINSTATEMENT 96-97

4. Date Incorporated or Qualified To Do Business in Florida

3/31/95

5. FEI Number

65-0579905

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	LUIS F ESCOBAR	1690 12 <sup>th</sup> FAIRWAY WELLINGTON	WELLINGTON FL 33414
SEC <del>TREAS</del>	LUIS F ESCOBAR	1690 12 <sup>th</sup> FAIRWAY	WELLINGTON FL 33414
			500002085835--8 -02/12/97--01120--014 ****\$15.00 ****\$15.00
			362-11-97

8. Name and Address of Current Registered Agent

BRUNI HOLMBERG, EA  
8906 MELALEUCA LANE  
LAKE WORTH, FL 33463

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.

Signature of Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

2/6/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on Intangible tax.)

12. 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:

*Luis F. Escobar P*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LUIS F. ESCOBAR

2/6/97  
Date

561-793-7246  
Daytime Phone #

CR2E040 (1/96)