

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FIELD  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 26 PM 2:13

**DOCUMENT #** P98000097209

**1. Corporation Name**

SANTA MARIA PROPERTIES, INC.

300004765263--8  
-01/10/02--01065--020  
\*\*\*\*750.00 \*\*\*\*750.00

**2. Principal Office Address**

1643 BRICKELL AVENUE

Suite, Apt. #, etc.

3702

City & State

MIAMI, FLORIDA

Zip

33129

Country

MIAMI-DADE

**3. Mailing Office Address**

999 PONCE DE LEON BLVD

Suite, Apt. #, etc.

625.

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

MIAMI-DADE

REINSTATEMENT 01

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/18/1998

**5. FEI Number**

65-0898774

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

AMKGS REGISTERED AGENTS, INC.

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

1980 SUNTRUST INTERNATIONAL CENTER

Suite, Apt. #, Etc.

ONE S.E. THIRD AVENUE

City

MIAMI

State

FL

Zip Code

33131

**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 12-19-01

**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
D/P/S/T	JOSE A. YAMAMOTO	12915 S.W. 72nd TERRACE	MIAMI, FLORIDA 33183

**10. 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:**

JOSE A. YAMAMOTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-388-4599

Daytime Phone #

CR2E081 (9/00)