

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000003130	
1. Entity Name UNIVERSIDAD SAN FRANCISCO FLORIDA, INC.	



FILED
07 AUG -1 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1266 CAMELLIA LN WESTON, FL 33326	Mailing Address P.O. BOX 266376 WESTON, FL 33326
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2. Principal Place of Business - No P.O. Box # 7310 NW 56 St.	3. Mailing Address 7310 NW 56 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07092007 REIN-NP CR2E099 (1/07)

City & State Miami, FL 33166	City & State Miami, FL 33166
Zip 33166	Country Dade
Country Dade	Zip 33166
Country Dade	Country Dade

4. FEI Number 65-1124330	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MENDICTA-DUENAS, GONZALO 1266 CAMELLIA LN WESTON, FL 33326	7. Name and Address of New Registered Agent Name MENDIETA-DUENAS, GONZALO Street Address (P.O. Box Number is Not Acceptable) 7310 NW 56 St. City Miami FL Zip Code 33166
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENDIETA-DUENAS, GONZALO 1266 CAMELLIA LN WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7310 NW 56 St. Miami, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARIZAGA, JUAN C 1266 CAMELLIA LN WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7310 NW 56 St. Miami, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SWANBERG, MARIA 1266 CAMELLIA LN WESTON, FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600107087036 09/01/07--01052--010 ***306.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gonzalo Mendieta-Duenas Date: 7-9-2007