

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000003130

1. Corporation Name

UNIVERSIDAD SAN FRANCISCO FLORIDA, INC

2. Principal Office Address - No P.O. Box #

7310 NW 56th Street

Suite, Apt. #, etc

3. Mailing Office Address

7310 NW 56th

Suite, Apt. #, etc

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

Country

Dade

Zip

33166

Country

Dade

REINSTATEMENT 08-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1124330

☐ 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

MENDIETA-DUENAS, GONZALO

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

7310 NW 56th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **06/07/2010**

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
PD	Gonzalo R Mendieta	7310 NW 56th Street	Miami, FL 33166
VD	Diego Quiroga	7310 NW 56th Street	Miami, FL 33166
STD	William Ross	7310 NW 56th Street	Miami, FL 33166

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10. E-mail Address: **usffinc@usfq.edu.ec**

(To be used for future annual report notification)

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, I further certify, 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]
Gonzalo R Mendieta

06/07/2010 3053953777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #