PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PÖRATI STATEM					FLC		Sec	retan	TMEN y of S	State		ATE			01	7 OC		LE 2 f		3: 03	
DOCUMENT # P03000141574 1. Corporation Name													GEGNETÄNT ÖF STATE TALLAHASSEE, FLORIDA									
INVERSIONES SAN FRANCISCO DE ASIS, INC.																						
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2. Principal Office Address - No P.O. Box # 1820 N. Corp. Lakes Blvd.					3. Mailing Office Address 1820 N. Corp. Lakes Blvd.							Q.		ISTA	ÇPZ		N	0	6-	07		
Suite, Apt. #, etc. Suite 304						Suite, Apt. #, etc. Suite 304							4. Date Incorporated or Qualified To Do Business in Florida 12/01/03									
City & State Westo	iy & State Veston, FL					City & State Weston, FL						5 667				hber Applied Fo						
^{Zip} 33326	Country US				^{Zip} 33326			Country				Not Applicable CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status							e requirec			
7. Name and Address of Current Registered Agent																						
Jose C. Marrero											The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.											
Street Address (P.O. Box Number is Not Acceptable) 1820 N. Corporate Lakes Bivd.																						
Stuite 354																						
Weston State 33326																						
8. I, being a	appointed the	registere	dagen	orthe	a above	nan	ned conf	oratio	n, am f	amiliar	with a	and accep	ot the ob	ligations of	sectio	n 607.0505	or 617	7.0503	, F.S.			
Signature of Registered A														Date 9/24/07								
9. Names	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 Eac Officer and/or Directo						of Each Director						City / State / Zip				
P/D	Juan Raul Palomino						1820 N. Corp. Lakes Blvd.					, Suite 304 Weston, FL 33326										
VP/D	Ana Madueno						18	1820 N. Corp. Lakes Blvd.,					, Suite 304 Weston, FL 33326									
D	Gian Marco Palomino						18	1820 N. Corp. Lakes Blvd.,					Suite 304 Weston, FL 33326									
TD	Olinda Vidal							18	1820 N. Corp. Lakes Blvd., Su					, Suite 3	04	Westo	n, F	L 3	332	6		
	Miolie						_	1						₹! /1:	7 0011 0235647 /14/0701040003 **150.00						00	
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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 filling 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 contained in Chapter 119, 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 TYPES OF PRINTED NAME OF OFFICER OF DIRECTOR SIGNATURE AND TYPES OF PRINTED NAME OF OFFICER OF DIRECTOR Date Date																						