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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000093106

1. Entity Name
PERSEVERANCE, INC.

Principal Place of Business	Mailing Address
300 CONVENT STREET SUITE 1350 SAN ANTONIO, TX 78205	300 CONVENT STREET SUITE 1350 SAN ANTONIO, TX 78205
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

09052007 REIN-P CR2E088 (1/07)

4. FEI Number 20-3122192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $600.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANCHEZ SALIDO, GUILLERMO J 300 CONVENT STREET SUITE 1350 SAN ANTONIO, TX 78205 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Bandera S., Guillermo J. 300 Convent Street, Suite 1350 San Antonio, TX 78205 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERRIZ, GUILLERMO F 300 CONVENT STREET SUITE 1350 SAN ANTONIO, TX 78205 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S/T Fonseca F., Guillermo 300 Convent Street, Suite 1350 San Antonio, TX 78205 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 607, 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: [signature] Guillermo Bandera 09/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

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CORPORATION REINSTATEMENT

PERSEVERANCE, INC.

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