

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 JUN 12 PM 4:05

DOCUMENT # P09000059706

1. Corporation Name

SAN FRANCISCO CORP.

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

305 Alcazar Ave.

Suite, Apt. #, etc.

Suite 3

City & State

Coral Gables, Fl.

Zip

33134

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

300248932473

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CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
July 13, 2009

5. FEI Number

98-0631465

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

Carlos J. Villanueva, P.A.

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

305 Alcazar Avenue

Suite, Apt. #, Etc.

Suite 3

City

Coral Gables

State

FL

Zip Code

33134

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

Date

6-11-13

REGISTERED AGENT MUST SIGN

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
P	Jorge Perez	305 Alcazar Ave., Suite 3	Coral Gables Florida 33134
S	Carlos J. Villanueva	305 Alcazar Ave., Suite 3	Coral gables, Florida 33134

10. E-mail Address: **cvillanueva@unaley.com**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Carlos J. Villanueva, Sec

Date

6-11-13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

6-11-13