PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 OCT 13 AM 10:07

DOCUMENT # P05000084621

CR2E081 (12/05)

1. Corporation Name

Immigration Services of Miami Inc.

2. Principal Office Address		**3.** Mailing Office Address	
7485 SW 8 St.		7485 SW 8 St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami,FL 33144		Miami,FL 33144	
Zip: 33144	Country: US	Zip: 33144	Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 06/10/05

5. FEI Number: 20-2992416 ☐ 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: Azucena Hernandez

Street Address (P.O. Box Number is Not Acceptable): 7485 SW 8 St.

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33144

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: X _____ Date: 10/06/06

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	Azucena Hernandez	7485 SW 8 ST	Miami,FL 33144
			700081083527 10/20/06--01066--002 **150.00

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 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 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: X _____ 10/06/06 305-264-3658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mitchell OCT 13 2006

10-06-06

SECRETARY OF STATE
MRS. SUE M. COBB

DEAR MRS. COBB:

PLEASE ACCEPT MY CHECK FOR $150.00 TO PAY FOR THE 2006 ANNUAL FEES. I HAVE NOT RECEIVED ANY PREVIOUS NOTIFICATION FROM YOUR DEPARTMENT AND THIS IS THE FIRST YEAR AND THE FIRST TIME EVER THAT I HAVE HAD A CORPORATION.

I APPRECIATE YOUR UNDERSTANDING.

SINCERELY