

2005 FOR PROFIT CORPORATION REINSTATEMENT

05 OCT 25 PM 2:37
FILED
STATE OF FLORIDA
TALLAHASSEE

REINSTATEMENT

05

T. Roberts OCT 28 2005

DOCUMENT # P00000035717

1. Entity Name
INMIGRATION VISAS SERVICES INC.



Principal Place of Business
6856 W FLAGLER ST #FL-2
MIAMI, FL 33144

Mailing Address
6856 W FLAGLER ST #FL-2
MIAMI, FL 33144



10182005 REIN-P CR2E098 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0998148

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

HIDALGO, AMADA
9419 FONTAINBLEAU BLVD #108
MIAMI, FL 33172

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]

Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

10/21/05

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME HIDALGO, AMADA R
STREET ADDRESS 9419 FONTAINBLEAU BLVD #108
CITY-ST-ZIP MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

100060911351
10/25/05--01014--008 **\$750.00

FILED
OCT 25 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

10/21/05

305-2679820

Daytime Phone #