

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY 12 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # W000000029155

1. Corporation Name

The Immigration Clinic

P000001/2049

REINSTATEMENT 02-03

200018801762  
05/12/03--01032--008 \*\*900.00

2. Principal Office Address

1818 S. Australian Avenue

3. Mailing Office Address

1818 S. Australian Avenue

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Suite 102

City & State

West Palm Beach

City & State

West Palm Beach

Zip

33409

Country

USA

Zip

33409

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/6/2000

5. FEI Number

65-1077899

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

Roland Anthony Ulloa

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

1818 S. Australian Avenue

Suite, Apt. #, Etc.

Suite 102

City

West Palm Beach

State

FL

Zip Code

33409

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

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
Director	Roland Anthony Ulloa	1818 S. Australian Av#102	West Palm Beach, FL 33409

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 under section 119.07(3)(i), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/2003

Date

561/655-6615

Daytime Phone #

CR2E061 (10/02)