

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000132195

1. Corporation Name

ARLINGTON INTERNATIONAL SERVICES, INC.

Principal Place of Business

11180 WEST FLAGLER STREET  
SWEETWATER FL 33174

Mailing Address

11180 WEST FLAGLER STREET  
SWEETWATER FL 33174

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

11180 West Flagler Street

Suite, Apt. #, etc.  
Suite 7

City & State  
Miami Florida

Zip Country  
33174 U.S.A

3. New Mailing Office Address, If Applicable

11180 West Flagler

Suite, Apt. #, etc.  
Suite 7

City & State  
Miami Florida

Zip Country  
33174 U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

12/16/2002

5. FEI Number

16-1646649

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ALLI, ASTRAF	11180 WEST FLAGLER STREET	SWEETWATER FL 33174
VD	ALLI, RAY R	11180 WEST FLAGLER STREET	SWEETWATER FL 33174
TD	PERSAUD, ROY A	11180 WEST FLAGLER STREET	SWEETWATER FL 33174
D	LATIFF, BIBI	11180 WEST FLAGLER STREET	SWEETWATER FL 33174
			07/28/03 90148 016
			\$ 150.00

8. Name and Address of Current Registered Agent

LATIFF, KHATOON

11180 WEST FLAGLER STREET  
SWEETWATER FL 33174

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Khatoon Latiff*

REGISTERED AGENT MUST SIGN

Date

Nov 14<sup>th</sup> 2003

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., 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

*Ray Alli*

Date

Nov 14<sup>th</sup> 2003 305 2273000

Daytime Phone #

CR2040 (7/03)