

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000102287

FILED  
Sep 30, 2008  
Secretary of State

**Entity Name:** ASISTENCIA DE INMIGRACION, A.D., INC.

**Current Principal Place of Business:**

2866 RINGLING BLVD.  
SARASOTA, FL 34237 US

**New Principal Place of Business:**

**Current Mailing Address:**

2866 RINGLING BLVD.  
SARASOTA, FL 34237 US

**New Mailing Address:**

P.O. BOX 52374  
SARASOTA, FL 34232 US

**FEI Number:** 87-0728962

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEL VALLE, AIDA M  
2866 RINGLING BLVD.  
SARASOTA, FL 34237 US

**Name and Address of New Registered Agent:**

DEL VALLE, AIDA M  
6218 WILLET COURT  
LAKEWOOD RIDGE, FL 34202 US

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.

SIGNATURE: AIDA M. DEL VALLE

09/30/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDO ( ) Delete  
Name: DEL VALLE, AIDA M  
Address: 2866 RINGLING BLVD.  
City-St-Zip: SARASOTA, FL 34237 US

Title: TS ( ) Delete  
Name: DEL VALLE, AIDA M  
Address: 2866 RINGLING BLVD.  
City-St-Zip: SARASOTA, FL 34237 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDO (X) Change ( ) Addition  
Name: DEL VALLE, AIDA M  
Address: P.O. BOX 52374  
City-St-Zip: SARASOTA, FL 34232 US

Title: TS (X) Change ( ) Addition  
Name: DEL VALLE, AIDA M  
Address: P.O. BOX 52374  
City-St-Zip: SARASOTA, FL 34232 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AIDA M. DEL VALLE

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09/30/2008

Electronic Signature of Signing Officer or Director

Date