

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000049642

FILED  
Oct 19, 2009  
Secretary of State

Entity Name: TRUE CHOICE IMMIGRATION SERVICES INCORPORATED

## Current Principal Place of Business:

3590 SOUTH STATE ROAD 7  
SUITE#8  
MIRAMAR, FL 33023 US

## New Principal Place of Business:

## Current Mailing Address:

791 W. BECKLEY SQUARE  
DAVIE, FL 33325 US

## New Mailing Address:

FEI Number: 20-2605732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCRAE, ORVILLE K  
3590 SOUTH STATE ROAD 7 SUITE#8  
MIAMI, FL 33023 US

## Name and Address of New Registered Agent:

MCRAE, ORVILLE K  
3590 SOUTH STATE ROAD 7 SUITE#8  
MCRAE, FL 33023 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: ORVILLE K. MCRAE

10/19/2009

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: P ( ) Delete  
Name: MCRAE, ORVILLE K  
Address: 791 W. BECKLEY SQUARE  
City-St-Zip: DAVIE, FL 33351

Title: VP ( ) Delete  
Name: MCRAE, OLANDO O  
Address: 785 NW. 168TH TERRACE  
City-St-Zip: MIAMI, FL 33162 US

Title: DIRE ( ) Delete  
Name: MCRAE, RASHANO O  
Address: 791 W. BECKLEY SQUARE  
City-St-Zip: DAVIE, FL 33325 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCRAE, ORVILLE K  
Address: 791 W. BECKLEY SQUARE  
City-St-Zip: DAVIE, FL 33325

Title: VP (X) Change ( ) Addition  
Name: MCRAE, OLANDO O  
Address: 785 NW. 168TH TERRACE  
City-St-Zip: MIAMI, FL 33169 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RASHANO O. MCRAE

DIRE

10/19/2009

Electronic Signature of Signing Officer or Director

Date