2009 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

FILED DOCUMENT # P07000112126 2019 JUL 21 P 3: 22 ONE STOP IMMIGRATION SERVICES, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5425 S. SEMORAN BLVD. 5425 S. SEMORAN BLVD. SUITE 3A SUITE 3A ORLANDO, FL 32822 ORLANDO, FL 32822 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 07152009 REIN-P CR2E098 (1/07) 4. FEI Number 26 - 12 4 7 89 8 City & State City & State Applied For Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, LOURDES Street Address (P.O. Box Number is Not Acceptable) 5425 S. SEMORAN BLVD. ORLANDO, FL 32822 Zip Code FL 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 re wall. if applicable OTE, Registered Agent signature required when rematating) DATE In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PNP TITLE 4001587098**9*** ☐ Delete TITLE NAME RODRIGUEZ, LOURDES NAME 07/21/09--01007--804 **300.00 STREET ADDRESS 5425 S. SEMORAN BLVD, SUITE 3A STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32822 CITY - ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete FITLE NAME REINSTATE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 2IP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7/P CITY-ST-ZIP TITLE Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trystee empowered to execute this export 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 employered. AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR