PLEASE READ AL NSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

APPLICATION FOR [redacted]

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUL -9 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000079437

1. Corporation Name

A & A Immigration Services, Inc.

Principal Place of Business	Mailing Address
2117 N. State Rd 7 Hollywood, FL 33021	2117 N. State Rd 7 Hollywood, FL 33021

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 9/15/1998

5. FEI Number 65-0864030 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	Josefina Visbal	2117 N. State Rd 7	Hollywood, FL 33021

000004481680--9
-07/17/01--01083--038
****300.00 ****300.00

00-01 UBL TS

8. Name and Address of Current Registered Agent

Josefina Visbal
2117 N. State Rd 7
Hollywood, FL 33021

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

CR2E040 (1/98)

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.

Signature of Registered Agent X [signature] Date 6/4/01
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: X [signature] 6/4/01 954-658-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Page 2 of 2

A&A IMMIGRATION SERVICES, INC
2117 N STATE RD 7 HOLLYWOOD, FL 33021
954-9814747 954-658-1234 FAX:954-98397685

JUNE 4, 2001

DIVISION OF CORPORATIONS
P.O.BOX 6327
TALLAHASSEE, FL 32314

RE: RENEWAL O ANNUAL REPORT
A&A IMMIGRATION SERVICES, INC
P 98000079437.

WE DID NOT RECEIVE ANY MAIL FROM YOU SINCE WE MOVED ON DECEMBER 1999. WE HAD AND ADDRESS CHANGE, **OUR NEW ADDRESS IS 2117 N STATE RD 7, HOLLYWOOD FL 33021U.**

ACCORDING TELEPHONE CONVERSATION, PLEASE WAVE ANY LATE FEE AND RECEIVE ENCLOSED $300.

WE ARE PLANNING TO CHANGE THE NAME TO A&A AYUDA-HELP IMMIGRATION SERVICES, INC, WHICH FORM DO WE HAVE TO FILL-OUT?

THANKS FOR YOUR COOPERATION IN THIS MATTER.

RESPECTFULLY SUBMITTED,

JOSEFINA VISBAL
PRESIDENT