

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

02 MAR 25 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000051540

1. Corporation Name

AMERICAN INTERNATIONAL ACCREDITING ASSOCIATION,  
INC

Principal Place of Business

Mailing Address

6621 S.W. 8TH STREET  
MIAMI FL 33144

P.O. BOX 558961  
MIAMI FL 33155



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

2. New Principal Office Address, If Applicable

1849 W. Flagler St.  
Suite, Apt. #, etc.  
Miami, Fla.  
City & State

3. New Mailing Office Address, If Applicable

P.O. BOX  
Suite, Apt. #, etc.  
558961  
City & State  
Miami Florida

4. Date Incorporated or Qualified  
To Do Business in Florida

06/08/1999

5. FEI Number

65-0926605

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	YOUSEF, NOHEMI	6475 S.W. 32 STREET	MIAMI FL 33155
		P.O. BOX 558961	Miami Florida.
			33255
			4000005281994--9
			-04/16/02--01035--013
			****450.00 ****450.00

8. Name and Address of Current Registered Agent

YOUSEF, NOHEMI  
6475 S.W. 32 STREET  
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name  
Yousef, NoheMI  
Street Address (P.O. Box Number is Not Acceptable)  
~~6475 S.W. 32 STREET~~ 1849 W. Flagler St  
Suite, Apt. #, Etc.  
City  
Miami  
State  
FL  
Zip Code  
33135

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

*NoheMI Yousef*  
REGISTERED AGENT MUST SIGN

Date

3/20/002

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:

*NoheMI Yousef* Director.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/20/2002

Daytime Phone #

#P99000051540

3/20/2002.

Please Change my mailing address.

New:

P. O. Box 558961

Miami, Fla. 33255

Please Waive my penalty .. I have resided the  
notar. because of the address was wrong.

Thank You.

Notar for  
Director.

Check # 1020  
\$ 450.00