

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08786

1. Corporation Name

SUPPORT STRATEGIES CONSULTING, INC.

Principal Place of Business

ROUTE 3, BOX 333
1 MILE S OF CHERRY LAKE
MADISON FL 32340

Mailing Address

ROUTE 3, BOX 333
1 MILE S OF CHERRY LAKE
MADISON FL 32340

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/14/1989

5. FEI Number

59-2969870-

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
DP	DUVAL-OHL, RENEE	RT 3 BOX 340	MADISON FL
DVS	OHL, LANCE M.	RT 3 BOX 340	MADISON FL
D	OHL, DR. C M.	800 N CONCORD AVE	FULLERTON CA

8. Name and Address of Current Registered Agent

OHL, LANCE M.
RT. 3 BOX 340- BERKSHIRE RD.
MADISON FL 32340

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date 10/16/2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RENEE DUVAL-OHL

Date

Daytime Phone #

10-16-2000

850 KE
929
2166



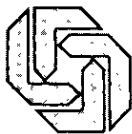
FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

10/2

CR2E040 (8/00)



**SUPPORT STRATEGIES
CONSULTING, INC.**

Rt. 3 Box 333 Madison FL 32340

2012
Phone 850-929-2199
Fax 850-929-2407
E-mail ssci@msn.com
www.launchsite.com/ssci

October 16, 2000

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

Reference: Document L08786
EIN 59-2969870

Enclosed is the above referenced document along with a check in the amount of \$750.00. I was shocked when I received this dissolution notice as this company always pays all taxes when due. Support Strategies Consulting did **not** receive an Annual Report form for the 2000 reporting year and that is the only reason this report was not filed.

The company is located in a rural delivery area. As has happened many times, we do not always get all our mail or the mail is put in someone else's mail box. This is a small business and a reinstatement fee of \$600.00 is a financial burden on this company. I would appreciate your taking these facts into consideration and refunding the \$600.00.

Sincerely,


Renee Duval-Ohl
President