



2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M03000003421		
1. Entity Name SUPPORT SERVICES INTERNATIONAL, LLC		

FILED
04 NOV -9 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Principal Place of Business 1597 S.W. EGRET WAY PALM CITY, FL 34990	Mailing Address 1597 S.W. EGRET WAY PALM CITY, FL 34990
---	---

2. Principal Place of Business	3. Mailing Address 78 PLEASANT VIEW RD PLEASANT VALLEY NEW YORK
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
11012004 REIN-LLC	CR2E101 (6/04)
4. FEI Number 81-0608613	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PASCIARELLA, MICHAEL A 1597 S.W. EGRET WAY PALM CITY, FL 34990	
---	--

7. Name and Address of New Registered Agent	
Name SAME	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	DATE 11/5/04 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
---	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIGLIOZZI, MARK 78 PLEASANT VIEW ROAD PLEASANT VALLEY, NY 12569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000042605430 11/09/04--01067--003 **\$5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASCARELLA, MICHAEL 1597 S.W. EGRET WAY PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	MARK E. FIGLIOZZI Date 11/1/04	914-433-3336 Daytime Phone #
---	--------------------------------------	---------------------------------

REINSTATEMENT 2004