PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.									
FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS						FILED			
DOCUMENT # NOI00007014					03 JAN 17 PM 3:13				
						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Support USA INC.						TALLAHASSEE, FLORIDA			
2. Principal Office Address 3. Mailing Office Address						000009418720 12/09/0201066001 ##70.00			
477 SOUTH ROSEMARY 477 SOUTH ROSEMARY						102010560	JU1 **/U.UU		
Suite, Apt. #			Suite, Apt. #, etc.	7	4. Date Incorn	orated or Qualified			
Surre 302 City & State			City & State	<u> </u>		ness in Florida	10/03/2001	,	
WEST Palin Barch FL				Barch FI	5. FEI Numbe	- 113677	8 Applied Not App		
^{Ζφ} 33		Country-	Zip	-Country	e e	OF STATUS DESIRED	A #0.75	required	
				Address of Current Registe	l red Agent				
Name									
	TAUL A Kuppanner Street Address (P.O. Box Number is Not Acceptable)								
	930 Largo MAR LANE								
	Suite, Apt. #, Etc. 000009418720 01/22/03-01071007 **61 25 State Zp Code								
	City BOCA RATON,					FL 33	431		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.									
Signature of Registered Agent Date 1214/02									
Registered		RE	· · · · · ·						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Other (Street Address of Each									
Titles		Name of Officers and/or Directors		h City / State / Zip					
Pars	Paul A Ruppannar D 930 Larces mar lane D Boch						ton, F1 334	787	
VPNess	Bri	e yelander	D 120	OF FLORIDA A	ve D	uto Galan	Beach F/33	49	
San Marshall State									
Je.	day	N B Rma	93	30 Lango Ma	Inco	Boen 19	ATON F/S	34	
								- 77	
						Tileur	à 1/23/0	93	
10. 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 IMPERIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									



International Association of Fine A

477 South Rosemary Suite 302 West Palm Beach, FL 33401

Memo To: Jim Smith

December 4, 2002

Mar.

Subject: Corporation Reinstatement

Reference: Attached Material

Dear Secretary Smith;

In a nutshell... I have been seeking a name/address change since June 16 with the wrong State people, although they said everything was alright and took my check for annual registration. I am confused, and apologize for whatever wrong I have done.

After a lengthy conversation with a member of your staff, I discover that I need to file the attached re-instatement form (should have been done in June, but I thought I was working with the State correctly).

Because we changed address (and though we changed names) I have not received any communications from your office, I believe your staff referred to them as UBR forms money.

I have enclosed a \$70.00 check for reinstatement, requesting a Certificate of Status) to be sure this request is processed correctly.

I have also included copies of prior correspondence about this matter to the wrong department.

I am truly sorry for the mistakes I have made, and any difficulty I have caused. I'm only trying to straighten this situation out in an expeditious manner.

Thank you in advance for your help.

Regards,

Andy Ruppanner 561-654-8065