

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

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

DOCUMENT # N37656

1. Corporation Name

SUPPORT SERVICES INC.

Principal Place of Business

% JAMES L. STUCKEY
PO BOX 547901
ORLANDO FL 32854-7901

Mailing Address

% JAMES L. STUCKEY
PO BOX 547901
ORLANDO FL 32854-7901

99 NOV 29 AM 10:26



If you are making any corrections, please indicate the correction and enter correction below.

2. 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

04/13/1990

5. FEI Number

59-3001343

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	STUCKY, JAMES L.	1208 CHICHESTER 2908 Bridgegate Ct.	ORLANDO FL 32822
PD	STUCKY, JAMES L.	1208 CHICHESTER " "	ORLANDO FL "
TD	LAWTON, RUTH	1435 MAURY RD	ORLANDO FL 32804
SD	TYLER, LYNNE	709 KENMORE COURT	EUSTIS FL 32726

700003060937--7
-12/06/99--01008--025
*****61.25 *****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STUCKEY, JAMES L.
1208 CHICHESTER 2908 Bridgegate Ct. (2908)
ORLANDO FL 32822

Name

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

Suite, Apt. #, Etc

City

State

FL

Zip Code

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.

James L. Stucky
REGISTERED AGENT MUST SIGN

Date 11-4-99

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:

James L. Stucky

James L. Stucky

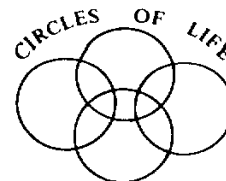
11-29-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Phone #

SUPPORT SERVICES, INC.



P.O. BOX 547901

ORLANDO, FL 32804

(407) 423-3500

November 4, 1999

Department of State- Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Fla. 32314

RE: Annual Report

Unfortunately, we never received our original form for 1999 or we would have filed it as we always have since 1990. Enclosed is our check for \$61.25 accordingly. Strange that we never got form yet this one came thru????

When calling long distance, this is what we were told to do.

Thank you for your help. Sorry for delay, but we are disabled.

Respectfully,

James Stucky