

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N93000005071

1. Corporation Name

SUPPORT COORDINATION SERVICES, INC.

Principal Place of Business

17325 NW 62 COURT  
MIAMI-FL 33015  
US

Mailing Address

17325 NW 62 COURT  
MIAMI-FL 33015  
US

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

2. New Principal Office Address, If Applicable

16260 SW 286 ST  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

16260 SW 286 ST  
Suite, Apt. #, etc.

City & State

Homestead FL

City & State

Homestead FL

Zip

33033 Dade

Zip

33033

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/05/1993

5. FEI Number

65-0449943

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	MCDONALD, KATHRYN	17325 NW 62 CT	MIAMI FL 33015
SD	MCDONALD, BRIAN	17325 NW 62 CT	MIAMI FL 33015
TD	MCDONALD, DAVID M.	17325 NW 62 CT	MIAMI FL 33015
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REINSTATEMENT 01/15/01			

8. Name and Address of Current Registered Agent

MCDONALD, DAVID  
1065 BASS POINT ROAD  
MIAMI SPRINGS FL 33166

9. Name and Address of New Registered Agent

Name

DAVID MCDONALD

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

16260 SW 286 ST

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33033

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

David McDonald

Date

10/15/01

REGISTERED AGENT MUST SIGN

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:

David McDonald DAVID MCDONALD

Date

10/15/01

Daytime Phone #

CR2040 (8/01)