

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N93000005071

**FILED**  
**Nov 15, 2004**  
**Secretary of State****Entity Name:** SUPPORT COORDINATION SERVICES, INC.**Current Principal Place of Business:**16260 SW 286 ST  
HOMESTEAD, FL 33033 US**New Principal Place of Business:****Current Mailing Address:**16260 SW 286 ST  
HOMESTEAD, FL 33033 US**New Mailing Address:****FEI Number:** 65-0449943**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MCDONALD, DAVID  
16260 SW 286 ST  
HOMESTEAD, FL 33033 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** SD ( ) Delete  
**Name:** MCDONALD, KATHRYN  
**Address:** 16260 SW 286 ST  
**City-St-Zip:** HOMESTEAD, FL 33033**Title:** TD ( ) Delete  
**Name:** MCDONALD, BRIAN  
**Address:** 16260 SW 286 ST  
**City-St-Zip:** HOMESTEAD, FL 33033**Title:** PD ( ) Delete  
**Name:** MCDONALD, DAVID M.  
**Address:** 16260 SW 286 ST  
**City-St-Zip:** HOMESTEAD, FL 33033**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** TD (X) Change ( ) Addition  
**Name:** MCDONALD, BRIAN S.  
**Address:** 16260 SW 286 ST  
**City-St-Zip:** HOMESTEAD, FL 33033**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MCDONALD

PD

11/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date