

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAR 21 PM 4:23

DOCUMENT # N98000002070

1. Corporation Name

Development and Support Systems, Inc.

2. Principal Office Address - No P.O. Box #

430 Wekiva Rapids Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Altamonte Springs, Florida

Zip

32714

Country

Seminole

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/12/1998

5. FEI Number

593483801

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Dr. Genevia M. Gano, Ed.D.

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

430 Wekiva Rapids Drive

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Genevia M. Gano*

Date 03/20/2008

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MD/T	Dr. Genevia M. Gano	430 Wekiva Rapids Drive	Altamonte Springs, FL 32714
P/Vp	Gerda Mothersill	1930 Lake Shore Circle	Longwood, FL 32791
S/D	UNA Harrison	2023 Weymouth Ct	Apopka, FL 32703

REINSTATEMENT - 06-08

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 contained in Chapter 119, 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:

*Genevia M. Gano*

03/20/08

407-774-6843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #