

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG -2 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 01000655371

1. Corporation Name

UNITED SUPPORT SERVICES, INC

2. Principal Office Address

1317 SW COTTONWOOD COURT

3. Mailing Office Address

SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST LUCIE FL

City & State

Zip

34986

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/29/2001

5. FEI Number

65-1111607

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

EILEEN FREEDMAN

500058107545

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

1317 SW COTTONWOOD COURT

08/02/05 01002 003 **450.00

Suite, Apt. #, Etc.

City

PORT ST LUCIE

State

FL

Zip Code

34986

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

REGISTERED AGENT MUST SIGN

Date

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
P	EILEEN FREEDMAN	1317 SW COTTONWOOD COURT	PORT ST LUCIE, FL 34986

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:

Eileen Freedman

7/29/05

772.873.0027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

UNITED SUPPORT SERVICES, INC
1317 SW COTTONWOOD COVE
PORT ST LUCIE, FL 34986
July 28, 2005

Florida Dept of State
Division of Corporations
Corporate Records
PO Box 6327
Tallahassee, FL 32314

Attached is my request to reinstate my corporation.

Because I changed my address a couple of years ago, I never received any notices concerning renewal of the corporate registration. In fact, I was not aware of the requirement to renew the registration yearly.

Enclosed is a check for \$450, the fees for the annual registration for the past three years. Request any additional fees be waived because I did not receive your notices.

Sincerely,

A handwritten signature in cursive script that reads "Eileen Freedman".

Eileen Freedman
President