

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR -1 AM 11:38

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000071152

1. Corporation Name

ADMINISTRATIVE SUPPORT SERVICES MANAGEMENT, INC.

2. Principal Office Address

500 FAWN HILL PLACE

3. Mailing Office Address

P.O. BOX 304

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

HARRIMAN, TN

Zip

32771

Country

USA

Zip

37748

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3733404

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

ANNIE ROBERTS

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

606 CASA PARK COURT N

Suite, Apt. #, Etc.

City

WINTER SPRINGS

State

FL

Zip Code

32708

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

Annie Roberts

Date

04-01-04

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
D	AVIDON, SHARON R	500 FAWN HILL PLACE	SANFORD, FL 32771

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon Avidon
SHARON AVIDON

Date

3/31/04 865-591-4877

Daytime Phone #

CR2E081 (01/04)