

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -5 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P22000089892

1. Corporation Name

OH SUPPORT SERVICES, INC.

2. Principal Office Address

1011 SOUTH ALHAMBRA DRIVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32207

Country

U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/19/2002

5. FEI Number

90-0045390

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

JOEL C. CHAMBERLAIN

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

4905 BELFORT ROAD

Suite, Apt. #, Etc.

SUITE 110

City

JACKSONVILLE

State
FL

Zip Code

32256

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 4/30/04

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
0	DONNA HAZOURI	1011 SOUTH ALHAMBRA DRIVE	JACKSONVILLE, FL 32207
0	RICHARD L. HAZOURI	1011 SOUTH ALHAMBRA DRIVE	JACKSONVILLE, FL 32207

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

Date

Daytime Phone #

4-30-04

ps 292


Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

April 30, 2004

Jim Smith,

Enclosed is my completed Corporation Reinstatement application for DH Support Services, Inc document number P02000089892. We request that you waive the additional fees for reinstatement because we did not receive our annual report form for the year 2003 or 2004. Enclosed is a check for \$300.00 which represents the Uniform Business Report fee for 2003 and 2004. Your assistance in this matter is greatly appreciated.

Sincerely,


Richard Hazouri