

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000043208

1. Corporation Name

SUPPORT SYSTEMS INTERNATIONAL, INC.

Principal Place of Business

112 E MAIN ST  
ELKTON MD 21921  
US

Mailing Address

P O BOX 783  
ELKTON MD 21922  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/16/1993

5. FEI Number

65-0418881

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
STD	BAKER, ROBERT F	319 PILOT POINT LANE	BOCA GRANDE FL 33921
VPD	JOHNSTON, JAMES L	2 SLEEPY HOLLOW LANE	WARREN NJ 07059
VPD	PERI, RONALD J	11516 WILLOW GARDENS DRIVE	WINDERMERE FL 34786
VPD	FLANAGAN, GEORGIANNA M	339 OLD CHESTNUT ROAD	ELKTON MD 21921
P/D	FLANAGAN GEORGIANNA M.	339 OLD CHESTNUT ROAD	ELKTON MD 21921
PREG D	ANDERSON, TOM	31 ROEBLINE ROAD	BERNARDSVILLE NJ 07924
			100003068831--0 -12/14/99--01020--013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BAKER, BOB  
319 PILOT POINT LANE  
BOCA GRANDE FL 33921

9. Name and Address of New Registered Agent

Name

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

REINSTATEMENT

99-1 TS

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of  
Registered Agent

*Robert F. Baker*  
REGISTERED AGENT MUST SIGN

Date

11-05-99

11. 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

GEORGIANNA FLANAGAN

Date

11-05-99

Daytime Phone #

410-392-  
3927 ext.  
222