PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 NOV -1 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000081526

1. Corporation Name

THE SUPPORT CENTER, INC.

Principal Place of Business
~~421 MANOR BOULEVARD~~
PALM HARBOR FL 34683

Mailing Address
~~421 MANOR BOULEVARD~~
PALM HARBOR FL 34683

REINSTATEMENT 96 aw

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida: 10/24/1995
38541-43 U.S. 19 North	38541-43 U.S. 19 North	
Suite, Apt. #, etc.: Palm Harbor, Florida	Suite, Apt. #, etc.: Palm Harbor, Florida	5. FEI Number: 59-3340181 — Applied For ☐ Not Applicable ☐
City & State: 34684	City & State: 34684	6. CERTIFICATE OF STATUS DESIRED ☑
Zip: Country: USA	Zip: Country: USA	

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
CEO/V.P.	Rev. Ward Hallman	421 Manor Blvd	Palm Harbor, Florida 34683
V.P.	Rev. Gloria Hallman	421 Manor Blvd	Palm Harbor, Florida 34683
CFO	Edwin Gray	6100 Rockside woods Blvd Suite 100	Independence, Ohio 44131
Exec	Richard Sterben	90 Earhart Drive Suite #2	Williamsville, N.Y. 14221

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****383.75 ****383.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MIKOS, CYNTHIA A ESQ. JACOBS, FORLIZZO & NEAL, P.A. 13577 FEATHER SOUND DRIVE, SUITE 300 CLEARWATER FL 34622	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — 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 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: 9/18/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: Rev. Ward Hallman — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 9-17-96 Date 813 943-9369 Daytime Phone #

CR2E040 (7/96)