

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 21 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000004201**

**1. Corporation Name**

SUPPORT SUPPLY CORP.  
1779 WEST 37TH STREET UNIT-11  
HIALEAH FLORIDA .33012

900012970859  
02/21/03--01106--003 \*\*150.00

**2. Principal Office Address**

1779 WEST 37TH STREET

Suite, Apt. #, etc.

City & State

HIALEAH FLORIDA.

Zip

33012

Country

U.S.A.

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/12/1996

**5. FEI Number**

65-0634004

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

ODALYS PARDO

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

2798 WEST 68TH PLACE

Suite, Apt. #, Etc.

City

HIALEAH

State  
**FL**

Zip Code

93016

**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

*Odalis Pardo*

REGISTERED AGENT MUST SIGN

Date 02/21/03

**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
PSTD	ODALYS PARDO	2798 WEST 68TH PLACE	HIALEAH FL. 33016

**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)(l), 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:**

*Odalis Pardo*

02/21/2003

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/03

**S. PORT SUPPLY CO**

(305) 827-2322  
1779 W 37TH STREET UNIT 11  
HIALEAH, FL 33012

80057175

2211

63-643/670  
BRANCH 13093

PAY TO THE ORDER OF

Department of State

DATE

05/15/02

\$ -150.00-

DOLLARS



Die #  
P 96000004201

**FIRST** First Union National Bank  
firstunion.com  
Orig. 003 RT 067006432

for: Annual report

⑆00221⑆ ⑆067006432⑆ ⑆2090001805173⑆

⑆0000015000⑆

Wallys Park

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000004201

1. Entity Name

SUPPORT SUPPLY CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1840 WEST 49TH STREET		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH FLORIDA.		City & State	
Zip 33012	Country	Zip	Country
4. FE# Number 65-06334004		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: ODALYS PARDO

Street Address (P.O. Box Number is Not Acceptable):  
2798 WEST 68TH PLACE

City: HIALEAH FLORIDA FL Zip Code: 33016

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Not valid, need of power of attorney or agent signature & approval

(NOTE: Registered Agent signature required when filing a UBR)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 - Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	STREET ADDRESS	CITY-STATE-ZIP
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	STREET ADDRESS	CITY-STATE-ZIP
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TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	STREET ADDRESS	CITY-STATE-ZIP
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TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	STREET ADDRESS	CITY-STATE-ZIP
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

SUPPORT SUPPLY CORP  
1779 West 37<sup>th</sup> Street – unit 11  
Hialeah, Florida 33012

Reference Document P9600004201

Florida Department of State  
Department of Corporation  
P. O. 1500  
Tallahassee, Florida 32302

Dear Sirs:

This is for correction of your records that show that our Corporation is inactive.

We send our Annual Report for 2001, on time with check No. 2211, dated 03/15/02, as photocopy attached.

Checking our copy of Annual Report of reference we note that Federal ID is Incorrect and may be this is reason for your consideration.

Enclose please find copy of corrected Annual Report and waiting your favor of correction in your records waiving any charge for penalty.

Very truly yours

Odalys Pardo,  
President

