

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

Odalys 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:

Odalys Pardo

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/2003

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 R/T 067006432

for Annual report

⑆00221⑆ ⑆067006432⑆ 2090001805173⑆

Wallys Park

⑆0000015000⑆

**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 Applicable (check if applicable) (NOTE: Registered Agent Signature Required when filing a UBR)

(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			
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	STREET ADDRESS	CITY-STATE-ZIP
CITY-STATE-ZIP			
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	STREET ADDRESS	CITY-STATE-ZIP
CITY-STATE-ZIP			
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	STREET ADDRESS	CITY-STATE-ZIP
CITY-STATE-ZIP			

**DO NOT WRITE
IN THIS SPACE**

SUPPORT SUPPLY CORP
1779 West 37th 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

