2002

1 of 2

# APPLICATION FOR REINSTATEMENT

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

FILED
02 JUN 10 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000109965

1 Corporation Name
SUPPORT SERVICES OF SOUTH FLORIDA

UBR
01-02

| Principal Place of Business | Mailing Address |
|---|---|
| 6741 S.W. 24 STREET<br>SUITE 18<br>MIAMI, FLORIDA 33155 | 6741 S.W. 24 STREET<br>SUITE 18<br>MIAMI, FLORIDA |

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

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3 New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0970915
Applied For ☐
Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐
$87.50 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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---|---|---|---|
| PSTD | ROBERT J. MABAZ | 6741 S.W. 24 STREET #18 | MIAMI, FLORIDA 33155 |

200005972502--6
-06/25/02--01038--031
****300.00 ****300.00
200.25-AR
10.00-ARART
88.75-ARSUP

8. Name and Address of Current Registered Agent

ROBERT J. MABAZ
6741 S.W. 24 STREET #18
MIAMI, FLORIDA 33155

9. Name and Address of New Registered Agent

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: _____ Date: 6/4/02
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public disclosure. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. 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: _____ Date _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B

SUPPORT SERVICES OF SOUTH FLORIDA
6741 S.W. 24TH STREET SUITE 18
MIAMI, FLORIDA 33155

June 4, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Annual Reports
E.I.N: 65-0970915
Doc. No. P99000109965

Dear Sir or Madam:

Please be advised that we never received the Annual Report for the years 2001and 2002.

Enclosed please find a check in the amount of $300.00 to reinstate the corporation as soon as possible.

Also, please be aware that our mailing address is:

6741 S.W. 24TH STREET SUITE 18
MIAMI, FLORIDA 33155

Thanking you in advance in regards to this matter.

Sincerely,

SUPPORT SERVICES OF SOUTH FLORIDA