


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P99000110965**


1. Entity Name  
**THE LITIGATION SUPPORT COMPANY**



FILED  
08 NOV 10 PM 2:28  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**THREE GROVE ISLE DRIVE PENTHOUSE SIX**      **THREE GROVE ISLE DRIVE PENTHOUSE SIX**  
**MIAMI, FL 33133**      **MIAMI, FL 33133**

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



11032008    REIN-P    CR2E098 (1/07)

4. FEI Number  
**65-1081618**      Applied For  
Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

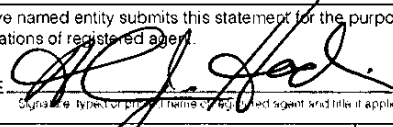
**6. Name and Address of Current Registered Agent**

HODIN, ALAN J  
THREE GROVE ISLE DRIVE PENTHOUSE SIX  
MIAMI, FL 33133

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:       DATE: **11/6/08**

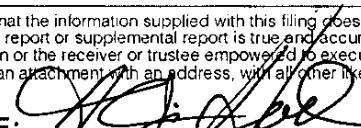
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST HODIN, ALAN J THREE GROVE ISLE DRIVE PENTHOUSE SIX MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY</b> <b>MARIA ELENA PELAEZ</b> <b>3000 Coral Way, Apt. 612</b> <b>Miami, Florida 33145</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>300137779993</b> <b>11/10/08-01020--003</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       DATE: **11/6/08**      DAYTIME PHONE #: **305-536-6494**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR