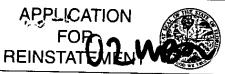
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F95000004282

1. Corporation Name

INTERLINE BRANDS, INC.

Principal Place of Business

Mailing Address

303 HARPER DR. MOORESTOWN NJ 08057

303 HARPER DR

MOORESTOWN NJ-08057

FILED

02 NOV -6 PM 12: 47

SEURE IMRY OF STATE TALLAHASSEE, FLORIDA

| If above                              | addresses are incorrect in any way, line the  |   |   |                            |   |  |  |
|---------------------------------------|---|---|---|----------------------------|---|--|--|
| 2. New P                              | addresses are incorrect in any way, line thr<br>rincipal Office Address, If Applicable<br>#, etc. | <ol><li>New Mailing Office Address</li></ol>                            | information and enter correction below.  ling Office Address, If Applicable  West Bay Street  , etc.      |                            | Date Incorporated or Qualified     To Do Business in Florida     09/05/1995 |  |  |
| City & State City & State             |   | B91-West-Bay-<br>City & State   | West-Bay-Street-  |                            | 5. FEI Number 22-2232386 A  |  |  |
| 3220                                  |   | Zip   | ntry<br>ISA   | for a Certificate of State |   | 8.75 Additional Fee required for a Certificate of Status |  |
| 7. Names Title(s)                     | and Street Addresses of Each Officer and/<br>Name of Officers<br>and/or Directors                 |   | orations must list at lea<br>Street Address of Each<br>Officer and/or Director                            | st 3 directors)            | City /  | State / Zip  |  |
| <del>С</del><br>С                     | GREEN, WILLIAM S Green, William S. JACQUET, ERNEST K  | 303 Hai   | 303 Harper Dr.  PARTHENON CAPITAL 200 STATE ST.   |                            | MOORESTOWN NJ 08057  Moorestown, NJ BOSTON MA 02109                         |  |  |
| D                                     | HANAKA, MARTIN<br>Drew Sawyer   | 303 HARPER E  | 303 HARPER DR 200 State St.   |                            | M <del>OORESTOWN NJ</del>   |  |  |
| <del>+</del><br>_v                    | SANFORD, WILLIAM  | 303 HARPER-E  | Parthenon Capital 303 HARPER DR. 801 West Bay Street  |                            | MOORESTOWN NJ 08057 •  Jacksonville, FL                                     |  |  |
| <del>p</del>                          | WLSON, DONALD<br>Michael Grebe  | 303 HARPER D<br>8.0.1 W   | AR .  |                            | Jacksonville, FL  |  |  |
| · · · · · · · · · · · · · · · · · · · | 8. Name and Address of Current R  | egistered Agent   | Name  | 9. Name and A              | ddress of New Registered  | Agent  |  |
| 1200 S<br>PLANT/                      | ORPORATION SYSTEM OUTH PINE ISLAND ROAD ATION FL 33324  | Kin   | Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc. 900008833809  City State Zip Code |                            |   |  |  |
| Signature of<br>Registered A          | REG   | ISTERED AGENT MUST SIGN   | UZA<br>Rapy: R D  |                            | Date  | 15, F.S.   |  |
| this reinst                           | nat I am an officer or director or the receive<br>atement application, the reason for dissolut    | i or trustee empowered to execute<br>tion has been eliminated, the com- | this application as prov  | rided for in chap          | ter 607 or 617, F.S. I further  | certify that when filing                                 |  |

1. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-384-1-530

ate

Daytime Phone #



October 24, 2002

In reply to: Certificate of Administrative Dissolution

Florida Department of State Jim Smith, Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

We have received the Certificate of Administrative Dissolution or Revocation from your office and have enclosed the reinstatement application along with the appropriate fee. Please be advised that this was the first notice we have received, and we are therefore asking that you waive the penalty for non-filing. Our name had recently been changed to Interline (registered in Florida on March 27, 2002) and we had not expected that a filing was due at this time. We have revised our filing calendar to include the annual filing dates for Florida to avoid a recurrence of this issue.

We thank you for your consideration of our request.

Sincerely,

Erich Grotti
Group Controller