2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000090437

FILED Mar 13, 2007 Secretary of State

Entity Nai	me: 3AR INDU	JSTRIAL SUPPLIES, CORP					
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
1127 FAIR 2107	LAKE TRACE		5583 NW 7 6	2 AVE			
WESTON,	FL 33326		MIAMI, FL	33166			
Current M	ailing Addres	s:	New Maili	New Mailing Address:			
1127 FAIR 2107 WESTON,	LAKE TRACE FL 33326						
FEI Number:	20-3064625	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
2853 EXEC 201	TWORK CONS CUTIVE PARK FL 33331 US						
	named entity s e of Florida.	submits this statement for the pu	urpose of changing i	ts registered	office or registered agent, or both,		
SIGNATUR	RE: LATIN N	ETWORK CONSULTANT INC					
	Electron	ic Signature of Registered Ager	nt		Date		
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () LEON, ROMULO 1127 FAIRLAKE WESTON, FL 3	TRACE #2107	Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () LEON, ASBELY 1127 FAIRLAKE WESTON, FL 3	TRACE #2107	Title: Name: Address: City-St-Zip:	LEON, ASBE	KE TRACE #2107		
Title: Name: Address: City-St-Zip:	T () LEON, ANYSBE 1127 FAIRLAKE WESTON, FL 3	TRACE #2107	Title: Name: Address: City-St-Zip:	(()Change ()Addition		
Title:	S ()	Delete	Title:		(X) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LEON ROMULO Ρ 03/13/2007

1127 FAIRLAKE TRACE #2107

WESTON, FL 33326

Address:

City-St-Zip:

1127 FAIRLAKE TRACE #2107

WESTON, FL 33326