

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 21 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F00000007269**

1. Corporation Name

INTERNATIONAL SUPPLY CONSORTIUM, INC.

Principal Place of Business

3300 WEST MONTAGUE AVENUE, SUITE 200
CHARLESTON SC 29418

Mailing Address

3300 WEST MONTAGUE AVENUE, SUITE 200
CHARLESTON SC 29418



500011131875
01/28/03--01052--010 **150.00

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

2: New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/16/2000

5. FEI Number

57-1008221

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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	4 City / State / Zip
CD	WEHRLE, H B III	3300 WEST MONTAGUE AVENUE, SUITE	CHARLESTON SC 29418
CD	WARREN, JAMES R	3300 WEST MONTAGUE AVENUE, SUITE	CHARLESTON SC 29418
CD P	DANNEMILLER, JOHN C Joel Bakman	3300 WEST MONTAGUE AVENUE, SUITE	CHARLESTON SC 29418
V	TALBOTT, WILLIAM T	3300 WEST MONTAGUE AVENUE, SUITE	CHARLESTON SC 29418
S	STINSON, ROBERT C ESQ. Jeff Rosenberg, Asst. Sec.	3300 WEST MONTAGUE AVENUE, SUITE	CHARLESTON SC 29418
TCFO	WEHRLE, MICHAEL H	3300 WEST MONTAGUE AVENUE, SUITE	CHARLESTON SC 29418

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

REINSTATEMENT 02-03-03

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. or 617.0505, F.S.

500011131875
01/28/03--01052--010 **750.00

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN **President**

Date 1/20/2003

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)