

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

Mailing Address

3300 WEST MONTAGUE AVENUE, SUITE 200
 CHARLESTON SC 29418

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

3: New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/16/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11680 Great Oaks Way

5. FEI Number

57-1008221

Applied For

City & State

City & State

Alpharetta, GA

Not Applicable

Zip

Country

Zip

Country

30022

Fulton

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 02-0370

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**
 Allan Farnell Assistant Vice 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 REQUIRED** Rosenberg, Asst. Sec. 01-13-03 (187462400)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)