

.PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	
REINSTATEMEN	T



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

	DOCUMENT #	F98000003744
ı	1. Corporation Name	_
	BARLOWORLD 7	WOUSTRIAL DISTRIBUTION INC.

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

FILED

03 OCT 30 PM 3:55

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

2. Principal	al Office Address -C GRANITE STREET	3. Mailing Office	Address		REIN	STATEMENT	D3 _		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		U OV				
						4. Date Incorporated or Qualified To Do Business in Florida 1992			
City & State CHARWITE, NC		City & State		5. FEI Number Applied For Not Applied For					
Z82	73 Country USA	Zip	Cou	intry	6.	2. 4000	dditionalFeerequire CeruficateofStatus		
		7. Name	and Addres	s of Current Regist	ered Agent				
	Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc.								
	City Tallahassee					State Zip Code FL 32301			
Signature o Registered	Agent	UL (ul	le-	ullen, Ass	Date $\frac{10}{3}$	03		
9. Names	and Street Addresses of Each Officer ar	nd/or Director (Florida n	onprofit corp	porations must list at	least 3 directors)	T			
Titles	Name of Officers and/or Director	3		Street Address of Ea Officer and/or Direct		City / State / Z	Ľip		
VP	Robert E. RUSSRLL	113	BO/-C	GRANTES ON 782	FREET 13	ChARWITE, NC 25	3273		
Sec- TRe15	MARTIN W. Lewis	ļ	6/-C	GRANTE S		ChARGOTE, NC 28 ChARGOTE, NC 28	273		
VP	SAMPLE E. DOLMES	5 //3	86/-C	GRANITE S	TREET	Chacotte, DC Z8	273		
this rei	y that I am an officer or director or the reconstatement application, the reason for dis by the corporation have been paid and the	solution has been elimin	nated, the co	orporate name satisfi	es the requirements	of section 607.0401 or 617.0401,	F.S., that all fees		



ACCOUNT NO. : 072100000032

REFERENCE -:-

AUTHORIZATION

\$ 150.00

COST LIMIT

ORDER DATE: September 16, 2003

ORDER TIME: 11:44 AM

ORDER NO. : 244618-230

CUSTOMER NO: 7348322

CUSTOMER: Mr. Martin Lewis

Barloworld Industrial 11301-c Granite Street

Charlotte, NC 28273

REINSTATEMENT

NAME:

BARLOWORLD INDUSTRIAL

DISTRIBUTION INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS



Industrial Distribution Division

Mr. Buck Kohr Document Specialist Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: Letter #603A00054592

Ref #B98000000430 - Barloworld Handling LP

Ref # F98000003744 - Barloworld Industrial Distribution Inc.

Dear Mr. Kohr:

Enclosed herewith are forms and payments to update 2003 Uniform Business Report Forms for Barloworld Handling LP and Barloworld Industrial Distribution Inc.

I can find no record of having received timely the forms from the State of Florida; and therefore request that the penalties assessed for late payment be waived. My first records from Florida appear to be "Notices of Revocation".

Payment amounts enclosed are:

Barloworld Handling LP:

Filing Fee

\$437.50

Supplemental Fee

<u>88.75</u> \$526.25

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Penalty Waiver Requested

\$500.00

Barloworld Industrial Distribution Inc.:

Filing Fee

\$150.00

Penalty Waiver Requested

\$600.00

Yours truly,

Martin W. Lewis

Secretary Treasurer