

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J85916

1. Entity Name
INDEPENDENT CONTRACTORS SUPPLY, INC.



Principal Place of Business
5008 W LINEBAUGH #32
TAMPA, FL 33624

Mailing Address
5008 W LINEBAUGH #32
TAMPA, FL 33624

2. Principal Place of Business
5008 W LINEBAUGH AVE

Suite, ~~At~~ #, etc.

32

3. Mailing Address
5008 W LINEBAUGH AVE

Suite, ~~At~~ #, etc.

32

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33624

Country

USA

Zip

33624

Country

USA

11022004 REIN-P CR2E098 (6/04)

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOBBS, TERENCE H.
17001 DENNIS RD.
LUTZ, FL 33549

Name HOBBS, TERENCE H.

Street Address (P.O. Box Number is Not Acceptable)

10372 CARROLL WOOD LANE

SUITE 246

City

TAMPA

FL

33618

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P Delete
NAME HOBBS, TERENCE H
STREET ADDRESS 17001 DENNIS RD.
CITY-ST-ZIP LUTZ, FL 33558

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STD Delete
NAME HOBBS, TERENCE H
STREET ADDRESS 17001 DENNIS RD.
CITY-ST-ZIP LUTZ, FL 33558

TITLE P Change Addition
NAME HOBBS, TERENCE H
STREET ADDRESS 10372 CARROLL WOOD LANE STE. 246
CITY-ST-ZIP TAMPA FL 33618

TITLE VP Delete
NAME HOBBS, MARK A
STREET ADDRESS 17001 DENNIS RD.
CITY-ST-ZIP LUTZ, FL 33558

TITLE STD Change Addition
NAME HOBBS, TERENCE H
STREET ADDRESS 10372 CARROLL WOOD LANE STE 246
CITY-ST-ZIP TAMPA FL 33618

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: HOBBS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/04

(813)240-3107

Date

Daytime Phone #