

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000036586

**FILED**  
**Oct 25, 2009**  
**Secretary of State**

**Entity Name:** INDUSTRIAL SUPPLY COMPANY, LLC

**Current Principal Place of Business:**

3502 N. POWERLINE ROAD  
# 512  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

196 WEST ASHLAND STREET  
DOYLESTOWN, PA 18901

**Current Mailing Address:**

3502 N. POWERLINE ROAD  
# 512  
POMPANO BEACH, FL 33069

**New Mailing Address:**

196 WEST ASHLAND STREET  
DOYLESTOWN, PA 18901

**FEI Number:** 39-2075044      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ANDREW, WYMAN D ESQ  
2101 NW CORPORATE BLVD  
SUITE 317  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

CORTEZ, MIGUEL  
1450 BRICKELL  
MIAMI, FL 33131 US

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.

SIGNATURE: MIGUEL CORTEZ

10/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: ACCREDITED BUSINESS CONSOLIDATORS CORP.  
Address: 196 WEST ASHLAND  
City-St-Zip: DOYLESTOWN, PA 18901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANDY WILLIAM

MGRM

10/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date