

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAY 12 PM 3: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000005859**

**1. Corporation Name**

INDUSTRIAL SUPPLIES REPRESENTATIONS CORP

**600054921236**  
05/20/05--01057--006 \*\*1200.00

**REINSTATEMENT 02-05**

**2. Principal Office Address**

9000 SHERIDAN STREET

Suite, Apt. #, etc.

#158

City & State

PEMBROKE PINES, FL

Zip

33024

Country

US

**3. Mailing Office Address**

9000 SHERIDAN STREET

Suite, Apt. #, etc.

#158

City & State

PEMBROKE PINES, FL

Zip

33024

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/16/2001

**5. FEI Number**

65-1068179

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

DEBORAH RIOS

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

9000 SHERIDAN STREET

Suite, Apt. #, Etc.

SUITE 158

City

PEMBROKE PINES

State

FL

Zip Code

33024

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Deborah Rios*

Date 3/28/05

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MIGUEL F. RIVAS	9000 SHERIDAN STREET #158	PEMBROKE PINES, FL 33024

**10. 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:

*Miguel Rivas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/28/05 (954) 862-2222

Daytime Phone #

CR2E081 (01/05)