

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P01000005859*

1. Corporation Name
INDUSTRIAL SUPPLIES REPRESENTATIONS CORP

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

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

REINSTATEMENT 02-05

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

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
			<i>3/28/05</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05 (954)862-2222
Date Daytime Phone #

CR2E081 (01/05)