

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL 29 AM 8:13

DOCUMENT # P01000005859

1. Corporation Name

INDUSTRIAL SUPPLIES REPRESENTATIONS CORP

2. Principal Office Address - No P.O. Box #

9000 SHERIDAN STREET

3. Mailing Office Address

9000 SHERIDAN STREET

Suite, Apt. #, etc.

SUITE 138

Suite, Apt. #, etc.

SUITE 138

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33024

Country

BROWARD

Zip

33024

Country

BROWARD

4. Date Incorporated or Qualified  
To Do Business in Florida

01/16/2001

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 138

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*

REGISTERED AGENT MUST SIGN

Date 7/21/10

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 SUITE 138	PEMBROKE PINES, FL 33024

10. E-mail Address: DEBBIE@RCCACCOUNTANTS.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/2010

954-862-2222

Date

Daytime Phone #

REINSTATEMENT 08-10

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KS