PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 & 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 14 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000005554**

1. Corporation Name

INDUSTRIAL SUPPLY & SERVICES, INC.

REINSTATEMENT 03-04

Principal Place of Business	Mailing Address
1110 BRICKELL AVENUE SUITE 430 MIAMI FL 33131	1110 BRICKELL AVENUE SUITE 430 MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/15/2002

5. FEI Number: 98-0370374 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ALVA ALFARO, CARLOS OCTAVIO	1110 BRICKELL AVENUE SUITE 430	MIAMI FL 33131
			400030235344 05/03/04--01014--005 **141.25
			400030235344 03/10/04--01052--009 **158.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ALVA ALFARO, CARLOS OCTAVIO 1110 BRICKELL AVENUE SUITE 430 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE Carlos Alfaro Date 4/5/04
REGISTERED AGENT MUST SIGN

11. 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 Carlos Alfaro 4/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

INDUSTRIAL SUPPLY & SERVICES, INC.
1110 BRICKELL AVENUE STE. 430
MIAMI, FL. 33131

May 26, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Ref #: P02000005554

Dear Sir:

I am requesting a reinstatement of my corporation for the years 2003 and 2004. I am also requesting that you waive the additional reinstatement fees because for the past two years I have not received the annual business report or the dissolution/revocation form. I have made the required payment for the two years and would like for you to reconsider my status.

Your kind attention to this matter is greatly appreciated.

Sincerely,

Carlos O. Alva-Alfaro
President/CEO