2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000080462

Entity Name: IGNIFUGA SUPPLY, INC.

FILED Oct 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5670 NW 113 PLACE DORAL, FL 33178

Current Mailing Address: New Mailing Address:

5670 NW 113 PLACE DORAL, FL 33178

FEI Number: 20-1154924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ALVAREZ, HAROLD C O
5670 NW 113 PLACE
DORAL, FL 33178 US
ALVAREZ, HAROLD C P
5670 NW 113 PLACE
DORAL, FL 33178 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: HAROLD ALVAREZ 10/17/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O () Delete Title: P (X) Change () Addition

Name: ALVAREZ, HAROLD C Name: ALVAREZ, HAROLD C P

Address: AVE NUEVA ESPARTA EDIF BAHIA ESMERALDA Address: AVE NUEVA ESPARTA EDIF BAHIA ESMERALDA

City-St-Zip: APT B71 BARCELONA VENEZULA, VE City-St-Zip: APT B71 BARCELONA VENEZULA, VE

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

Name: ROCRIGUEZ, ANTONIO Name: ROCRIGUEZ, ANTONIO V

Address: AVE JOSE A ANZOATEGUI C/CALLE BOLIVAR Address: AVE JOSE A ANZOATEGUI C/CALLE BOLIVAR

City-St-Zip: QTA VILLA PARAISO PTO, VE City-St-Zip: QTA VILLA PARAISO PTO, VE

Name: ALVAREZ, TIRONE N Name: ALVAREZ, TIRONE N T

Address: AVE NUEVA ESPARTA EDIF BAHIA ESMERALDA APT Address: AVE NUEVA ESPARTA EDIF BAHIA ESMERALDA APT

City-St-Zip: B-71 BARCELONA VENEZULA, VE City-St-Zip: B-71 BARCELONA VENEZULA, VE

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD ALVAREZ P 10/17/2007