PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082177

1. Corporation Name

INTERNATIONAL SOURCE & SUPPLY, INC.

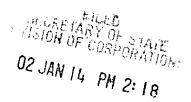
		_	
Principal	Place	٥f	Business

Mailing Address

5405 ORTEGA BLVD.

SIGNATURE:

5405 ORTEGA BLVD. JACKSONVILLE FL 3221



January 11,2002

Daytime Phone #

Date

JACKSONVILLE FL 32210		JACKSONVILI	JACKSONVILLE FL 32210						
If above a	addresses are	incorrect in any way, line	through incorrect i	nformation a	and enter correction below.	REI	VSTA TEMEN	701-02	
			ing Office Address, If Applicable		4. Date Incorp	orated or Qualified	the same of the sa		
Suite, Apt. #, etc. Suite, Apt. #		, etc.		To Do Business in Florida 10/04/1996 5. FEI Number Applied Fo					
City & State City & Sta		City & State	8			59-3402513	Not Applicable		
Zip		Country	Zip		Country	6. CERTIFICATE		dditional Fee required Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer a	nd/or Director (Flo	orida nonpro	fit corporations must list at lea	ast 3 directors)			
Title(s)	Fitle(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director						
D	COYNE, A	NN		5405 ORTEGA BLVD.			JACKSONVILLE FL 32210		
P ZIEGLER, HENRY T		5405 ORTEGA BLVD		£* 1	JACKSONVILLE FL JULIU 14 73 94 (3) - 01/24/02 - 010 *****900.00 *	872 38-008 ***300.00			
							J. 1/18		
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
ZIEGLER, HENRY T 5405 ORTEGA BLVD.			Street Address (i	P.O. Box Number	is Not Acceptable)				
JACKSONVILLE FL 32210			Suite, Apt. #, Etc						
					City		State Z	ip Code	
Signature (Registered	of Agent	10 cm	AEGISTE PEDA	ZENT MUST			Date January 11,	-	
11. I certify this rei	y that I am an e nstatement ap	officer or director or the re plication, the reason for di	ceiver or trustee e ssolution has bee	mpowered to n eliminated,	o execute this application as p the corporate name satisfies	provided for in cha the requirements	apter 607 or 617, F.S. I further cert of section 607.0401 or 617.0401,	ify that when filing 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 AND TWISE CHE BINT BURAME OF BIGNING CEFICER OR DIRECTOR