

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



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FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000062986
 1. Corporation Name
 WESBELL SERVICE SUPPLY CORP.

Principal Place of Business Mailing Address
~~2315 NW 107 Avenue~~
~~Bldg. 1, Warehouses B-10 & B-11~~
~~Miami, FL 33172~~

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

2. New Principal Office Address, If Applicable
 4019 S.W. 30th Avenue
 Suite, Apt. #, etc

3. New Mailing Office Address, If Applicable
 2365 Matheson Blvd. East
 Suite, Apt. #, etc

City & State
 Ft. Lauderdale, Florida
 Zip Country
 33312 U.S.A.

City & State
 Mississauga, Ontario
 Zip Country
 L4W5C2 Canada

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 07/21/1997

5. FEI Number 65-0775557 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	MAZZE, PAUL	2365 Matheson Blvd. East	Mississauga, Ont. Canada
VTAS	ROSE, DAVID	2365 Matheson Blvd. East	Mississauga, Ont. Canada

800002826228-7
 -04/01/99--01052--005
 ****900.00 ****900.00

8. Name and Address of Current Registered Agent
 KUBIT, DONALD E.
 100 S.E. 2nd Street, 17th Floor
 Miami, FL 33131

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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.
 Signature of Registered Agent: *Donald E. Kubit* REGISTERED AGENT MUST SIGN Date: 3/22/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: Mar. 16, 1999 (905) 624-8410 x 237 Daytime Phone #