## 2006 FOR PROFIT CORPORATION REINSTATEMENT

| REINSTATEMENT  |   |  |  | NOVE  |
|--|---|--|--|---|
| DOCUMENT # P99000103713  |   |  | ///////////////////////////////////////  | OF CORPORATIO   |
| 1. Entity Name     CCS INDUSTRIAL SUPPLIES, INC.   |   |  | 06 MAG   | Do -  |
|  |   |  | / OG MAN   | 30 PH 1:28  |
| Principal Place of Business  | Mailing Address                         |  |  |   |
| 7349 N.W. 54 STREET  | 7349 N.W. 54 STREET                     |  |  | ·   |
| MIAMI, FL 33166  | MIAMI, FL 33166                         |  |  |   |
| Principal Place of Business     3. Mailing Address   |   |  |  |   |
| <b>4472 NW 74 AVE</b> Suite, Apt. #, etc.  | 9972 NW 79 Suite, Apt. #, etc.          | AVE  | 00040000 BEILL B   | OD05000 (44)05)   |
| City & State   | City & State                            |  | 03242006 REIN-P  | CR2E098 (11/05)   |
| MIAMI FL   | MIAMI, FL                               |  | 4. FEI Number<br>65-0981151  | Applied For Not Applicable  |
| 33/66 Country USA  | 33/66                                   | Country<br>45A   | 5. Certificate of Status Desired   | S8.75 Additional Fee Required   |
| 6. Name and Address of Current   |   | Name   | 7. Name and Address of New I   | Registered Agent  |
| GONZALEZ, YOLANDA  |   | SOA  | IZACEZ, YOLA   | NDA   |
| 7349 N.W. 54 STREET<br>MIAMI, FL 33166   |   | Street Address   | (P.O. Box Number is Not Acceptable   | θ)  |
|  |   | City   |  | Zia Codo  |
| 8. The above named entity submits this statement for   | no gurages of theseins its              | 1 MY A   | M/   | FL Zip Gode   |
| the obligations oversistered agent.  | ' //                                    | egiştered dilicelor egisti   | ered agent, or both, in the State of H   | orida. Tam familiar with, and accept  |
| SIGNATURE Signafure, typed or printed name of registered agent a   | and title if applicable. (NOTE:         | Rigistered Agent signature requ  | ulrad when mineration)   | DATE  |
| -  | (1000)                                  |  | and when remarking)  | DAILE   |
| FILE NOWIII FEE IS \$300.00  |   |  | In accordance corporation did  | with s. 607.193(2)(b), F.S., the inot receive the prior notice.   |
| 10. OFFICERS AND   | *************************************** | 11.  | ADDITIONS/CHANGES TO OF  |   |
| TITLE D  NAME GONZALEZ, YOLANDA  | ☐ Defete                                | TITLE NAME   | NIALE 7 VOLAND   | Change  |
| STREET ADDRESS 7349 N.W. 54 STREET   |   | STREET ADDRESS 44  | NLALEZ, YOLAND<br>72 NW 74 AVE<br>1AMI, FC 3.  | <b>"</b>  |
| CITY-ST-ZIP MIAMI, FL 33166  | ☐ Delete                                | CITY-ST-ZIP  | IAMI, FC 3.  | 3/66  |
| NAME   | LD Delate                               | NAME   |  | onenge recentor   |
| STREET ADDRESS CITY-ST-ZIP   |   | STREET ADDRESS<br>CITY-ST-ZIP  |  |   |
| TITLE  | ☐ Delete                                | TITLE  |  | ☐ Change ☐ Addition   |
| NAME<br>STREET ADDRESS   |   | NAME<br>STREET ADDRESS   | 700073   | 715897<br>3011 **300.00   |
| CITY-ST-ZIP  |   | CITY-ST-ZIP  | 03/02/088104   | 3UII **3UU.UU   |
| TITLE<br>NAME  | ☐ Delete                                | TITLE<br>NAME  |  | ☐ Change ☐ Addition   |
| STREET ADDRESS   |   | STREET ADDRESS   |  |   |
| City-St-ZiP  |   | CITY-ST-ZIP  |  |   |
| TITLE<br>NAME  | ☐ Delete                                | TITLE<br>NAME  |  | Change Addition   |
| STREET ADDRESS   |   | STREET ADDRESS   |  |   |
| CITY-ST-ZIP TITLE  |   | CITY-ST-ZIP  |  | Change Addition   |
| NAME   | □ n-t-t-                                |  |  |   |
|  | ☐ Delete                                | NAME   |  |   |
| STREET ADDRESS CITY-ST-ZIP   | ☐ Delete                                | NAME<br>Street address   |  |   |
| STREET ADDRESS<br>CITY-ST-ZIP  |   | NAME<br>STREET ADDRESS<br>CITY-SI-ZIP  | ed in Chapter 119, Florida Statutes.   | I further certify that the information  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   | NAME<br>STREET ADDRESS<br>CITY-SI-ZIP  | ed in Chapter 119, Florida Statutes,<br>e same legal effect as if made under<br>07, filorida Statutes; and that my nan         | I further certify that the information oath; that I am an officer or director ne appears in Block 10 or Block 11 if |
| STREET ADDRESS CITY-SI-ZIP  12. I hereby certify that the information supplied with indicated on this report of suppliemental report is of the corporation or the receiver of truefle emporchanged, or on an attachment with an anddress, to                           |   | NAME<br>STREET ADDRESS<br>CITY-SI-ZIP  | ed in Chapter 119, Florida Statutes,<br>e same legal effect as if made under<br>07, Florida Statutes; and that my nar          | _   |
| STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with indicated on this report of supplemental report is of the corporation or the incever of truefle empty changed, or on an attachment with a gradiers, it is supplemental. SIGNATURE: |   | NAME STREET ADDRESS CITY-S1-ZIP  the exemptions containe y signature shall have the as required by Chapter 6th | ed in Chapter 119, Florida Statutes,<br>e same legal effect as if made under<br>07, filorida Statules; and that my nar<br>Date | I further certify that the information oath; that I am an officer or director ne appears in Block 10 or Block 11 if |

M. Williams MAR 3 0 2008