

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 30 PM 1:28

| | | | | | |
|--|---------------------------------|--|--|---|--|
| DOCUMENT # P99000103713 1. Entity Name CCS INDUSTRIAL SUPPLIES, INC. | | | | | |
| Principal Place of Business 7349 N.W. 54 STREET MIAMI, FL 33166 | | | Mailing Address 7349 N.W. 54 STREET MIAMI, FL 33166 | | |
| 2. Principal Place of Business 4472 NW 74 AVE Suite, Apt. #, etc. | | 3. Mailing Address 4472 NW 74 AVE Suite, Apt. #, etc. | | | |
| City & State MIAMI, FL | | City & State MIAMI, FL | | 4. FEI Number 65-0981151 | |
| Zip 33166 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GONZALEZ, YOLANDA 7349 N.W. 54 STREET MIAMI, FL 33166 | | | 7. Name and Address of New Registered Agent Name GONZALEZ, YOLANDA Street Address (P.O. Box Number is Not Acceptable) 4472 NW 74 AVE City MIAMI FL Zip Code 33166 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE D NAME GONZALEZ, YOLANDA STREET ADDRESS 7349 N.W. 54 STREET CITY-ST-ZIP MIAMI, FL 33166 | <input type="checkbox"/> Delete | | TITLE D NAME GONZALEZ, YOLANDA STREET ADDRESS 4472 NW 74 AVE CITY-ST-ZIP MIAMI, FL 33166 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered. | | | | | |
| SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date 305-500-9077 <small>Daytime Phone #</small> | |

M. Williams MAR 30 2006