PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

· ·	
OCUMENT #	842680

1. Corporation Name

ALFRED ANGELO, INC.

Principal Place of Business

Mailing Address

1690 COUTH CONGRES AVE

STE 120

DELRAY BEACH FL 33445

110 Welsh Road Horsham Pa 19044

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

,,	3
2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicab
1690 SOUTH CONGRESS AVE	1301 VIRGINIA DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SUITE 110
City & State	City & State
	FORT WALKINGTON F

Zip Country Zip Country USA

FILED

03 NOV -6 AM 9:30

SECPETALLY OF STATE TALLAHYSSEE, FLORIDA

CERTIFICATE OF STATUS DESIRED

REINSTATTAENT

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	Date Incorporated or Qualified To Do Business in Florida	02/27/197	9 ·
j	5. FEI Number		Applied For
1	23-1290653		Not Applicable
I	6		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director PD PICCIONE, VINCENT E HORSHAM PA 1690 SOUTHE CONGRESS AVE, STEIRC SD PICCIONE, MICHELE 1690 SOUTH CONGRESS AVE, STEIZE 5401 NW BROKEN SOUND BLVD C00 WIBLE, RONALD 1690 SOUTH CONGRESS AVE, STEW **VPF** WELTZ, JOSEPH 116 WELSH RD 1301 VIRGINIA DR FT. WASHING TON

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
	Name	69
PICCIONE, VINCENT E 1690 SOUTH CONGRESS AVE	Street Address (P.O. Box Number is Not Acceptable)	
STE 120 DELRAY BEACH FL 33445	Suite, Apt. #, Etc.	
	City State Zip Code	

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. or 617.0505, F.S.

Signature of Registered Agent _

REGISTERED AGENT MUST SIGN

Date 10/20/03

11. 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.

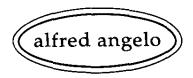
SIGNATURE:

SIGNATURE AND TYPED OR DIRECTOR

10/28/03

Daytime Phone #

October 28, 2003



Florida Department of State Glenda E. Hood Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

ALFRED ANGELO, INC. DOCUMENT # 842680

To Whom It May Concern:

Enclosed is our filing fee and reinstatement application.

This letter serves as notification that the previous UBR notices were not received in our offices. We have completed the reinstatement application and made the appropriate changes.

Please advise any questions.

Thank you for your cooperation.

Sincerely,

ALFRED ANGELO, INC.

Vice President - Finance

Enclosures

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