

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # **842680**

1. Corporation Name

ALFRED ANGELO, INC.

Principal Place of Business

Mailing Address

~~1690 SOUTH CONGRESS AVE~~
STE 120
DELRAY BEACH FL 33445
US

116 WELSH ROAD
HORSHAM PA 19044
US

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

2. New Principal Office Address, If Applicable

~~1690 SOUTH CONGRESS AVE~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~1301 VIRGINIA DR~~
Suite, Apt. #, etc.
SUITE 110

City & State

City & State

~~FORT WASHINGTON, PA~~

Zip

Country

Zip

Country

19034

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/1979

5. FEI Number

23-1290653

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	4 City / State / Zip
PD	PICCIONE, VINCENT E	116 WELSH RD. 1690 SOUTH CONGRESS AVE, STE 120	HORSHAM PA DELRAY BEACH, FL 33445
SD	PICCIONE, MICHELE	116 WELSH RD. 1690 SOUTH CONGRESS AVE, STE 120	HORSHAM PA DELRAY BEACH, FL 33445
COO	WIBLE, RONALD	5401 NW BROKEN SOUND BLVD 1690 SOUTH CONGRESS AVE, STE 120	BOCA RATON FL 33487 DELRAY BEACH, FL 33445
VPF	WELTZ, JOSEPH	116 WELSH RD 1301 VIRGINIA DR, SUITE 110	HORSHAM PA 19044 FT. WASHINGTON, PA 19034

8. Name and Address of Current Registered Agent

PICCIONE, VINCENT E
1690 SOUTH CONGRESS AVE
STE 120
DELRAY BEACH FL 33445

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

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

Vincent Piccione

REGISTERED AGENT MUST SIGN

Date

10/25/03

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:

Michele Piccione

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/03

Daytime Phone #

CR2E040 (7/03)

alfred angelo

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.


Joseph Weltz
Vice President - Finance

Enclosures

ALFRED ANGELO, INC. 1301 Virginia Drive, Suite 110, Ft. Washington, Pennsylvania 19034 tel 215.659.5300 fax 215.659.1532

ALFRED ANGELO, INC. Suite 120, 1690 South Congress Avenue, Delray Beach, Florida 33445 tel 561.241.7755 fax 561.995.7488