PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT	Secr	PARTMENT OF STATE etary of State of Corporations		FILED AY 13 PM 4: 43 RETARY OF STATE	
DOCUMENT # £94 00000 1149 1. Corporation Name VITETTA Group, Inc.				TALL	AHASSEE, FLORIDA	
4747 South Broad Street 4747 South Broad Street				3C 05/25,	0003728752 /0401010026 **	∋ 1058.75
2. Principal Office Address 3. Mailing Off 4747 South Broad Street 4747 South				DENSTATEMENT 02.04		
Suite, Apt. #, etc. Suite, Apt. #, PNBC PNBC City & State City & State			Date Inc. To Do Bi		orated or Qualified less in Florida 3/08/94	0 ~
		Philadelphia I	23-25090			Applied For Not Applicable
^{Zip} 19112	Country USA	^{Zip} 19112	Country USA	6. CERTIFICATE		tional Fee required tificate of Status
7. Name and Address of Current Registered Agent						
	Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road						
	Suite, Apt. #, Etc.				· · · · · · · · · · · · · · · · · · ·	·
į	City Plantation	 			State Zip Code 33324	
8. I, being appointed the registered agent of the above named corporation am familiar with 66 abor Bordon and 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
С	Francis G. Vitetta		1021 Sumneytown Pike		Spring House, PA 19477	
P/T	Alan P. Hoffmann		1703 East Drive		Ventor, NJ 08406	
VP/S	Michael D. Minton		420 Pomona Road		Cinnaminson, NJ 08077	
D	James R. Keller		2325 Locust Street of supplement		Philadelphia, PA 19103	
D/Ast S	Richard L. Holland		102 Devon Road		Cinnaminson, NJ 08077	
D	James M. Dorsey		947 Old England Avenue		Winter Park, FL 32719	
10. 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 filling 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 accorate and my signature shall have the same legal effect as if made under oath. SIGNATURE: **NICHBEL** MINTON** VICE-PRES' DENT* SECRETARY 5/10/04 218.4717						

MICHAEL D. MINTON, VICE-PRESIDEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #