PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 95-07 Waiver

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB 22 PM 2:01

DOCUMENT # F94000003550

1. Corporation Name
Albion International Services, Inc.

2. Principal Office Address	**3.** Mailing Office Address
265 E. Merrick Rd.	265 E. Merrick Rd.
Suite, Apt. #, etc.: 209	Suite, Apt. #, etc.: 209
City & State: Valley Stream, NY	City & State: Valley Stream NY
Zip: 11580 Country: U.S.	Zip: 11580 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: Oct. 1998

5. FEI Number: 06-1207047 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Peter Santangelo

000005049950--8
-03/06/02--01033--029
***1315.00 ***1315.00

Street Address (P.O. Box Number is Not Acceptable): 2520 NW 97 Ave.
Suite, Apt. #, Etc.: 110
City: Miami State: FL Zip Code: 33172

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: P&R Santangelo
REGISTERED AGENT MUST SIGN
Date: 2-15-02

CR2E081 (9/01)

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
P	Peter Santangelo	2520 NW 97 Ave Suite 110	Miami FL 33172
VST	Andrew Titley	265 E. Merrick Rd. Suite 209	Valley Stream, NY 11580

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 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: P&R Santangelo 2-15-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALBION INTERNATIONAL SERVICES, INC.

AN ALBION GROUP COMPANY

February 19, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahasse, FL 32314

Re: Document #f94000003550

Dear Agent:

Per our conversation with the reinstatement agent, enclosed please find $1315.00 fee. Please waive additional reinstatement fee for Albion International Services, Inc. We did not receive the original UBR notices. We have moved our offices several times since 1995. Thank you.

Sincerely,

Peter Santangelo
President

MERGERS
AND
ACQUISITIONS

COMPANY
VALUATIONS

FINANCING
AND
ACCOUNTING

INTERNATIONAL
REPRESENTATION

MANAGEMENT
AND
OPERATIONAL
CONSULTANCY

☑ **MIAMI OFFICE:** 2520 N. W. 97TH AVENUE, SUITE 110, MIAMI, FL 33172 **TEL:**(305) 406-1000 **FAX:** (305) 406-1010
☐ **NEW YORK OFFICE:** 265 E. MERRICK ROAD, SUITE 209, VALLEY STREAM, NY 11580 **TEL:**(516) 561-1919 **FAX:** (516) 561-6262
☐ **CHICAGO OFFICE:** 9420 WEST FOSTER AVENUE, SUITE 213, CHICAGO, IL 60656 **TEL:**(773) 992-1040 **FAX:** (773) 992-0402
☐ **LOS ANGELES OFFICE:** 5777 W. CENTURY BLVD., SUITE 1645E, LOS ANGELES, CA 90045 **TEL:**(310) 216-9336 **FAX:** (310) 216-2866

www.AlbionGroup.com E-mail: AlbionFL@AlbionGroup.com