

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **RECEIVED AND FILED**

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

97 OCT 29 PM 3:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F96000000169**

1. Corporation Name
ALLSTATE POWER VAC, INC.

Principal Place of Business 2515 BRUNSWICK AVE. LINDEN NJ 07036	Mailing Address 2515 BRUNSWICK AVE. LINDEN NJ 07036
---	---



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 01/08/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 11-2710601	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CV	GALASSO, LOUIS III	19 KINGSLET DRIVE SOUTH	CRANBURY NJ
DP	GALASSO, LENORE	372 SAYRE ROAD 19 Kingslet Drive South	PRINCETON NJ Cranbury NJ
DST	GALASSO, PAUL	3850 MONTICLOTT LANE 4 Little Falls Way	CHERRY HILL NJ Scotch Plains, NJ
DT	Galasso, Dean	320 E. 46th Street	New York, NY

REINSTATEMENT 1997
A. Alan

8. Name and Address of Current Registered Agent GALASSO, LENORE 424 EAGLETON COVE WAY PALM BEACH GARDENS FL 33418		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
--	--	--	--

10/29/97
 000002335420--2
 -10/31/97--01088--013
 ****758 75 ****758.75
 State Zip Code
FL

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.

Signature of Registered Agent: *Lenore Galasso* REGISTERED AGENT MUST SIGN Date: 10/28/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Lenore Galasso* 10/28/97 (908)862-3800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)