


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10P2

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
05 OCT 18 PM 2:52
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1. Corporation Name Allstate Power Vac, Inc.	F96000000169
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2. Principal Office Address 928 E. Hazelwood Avenue Suite, Apt. #, etc. City & State Rahway, NJ Zip 07065	3. Mailing Office Address 928 E. Hazelwood Avenue Suite, Apt. #, etc. City & State Rahway, NJ Zip 07065
Country USA	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1/08/1996	5. FEI Number 11-2710601	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> XX \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent		
Name Corporation Service Company		
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32301

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 <i>Elizabeth B. Horvaczny</i> REGISTERED AGENT MUST SIGN	Date 10-17-05

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
Pres/CEO	Louis Galasso III	19 Kingslet Dr. So.	Cranbury, NJ 08512
Pres Emeritus	Lenore Galasso	275 Hobart Avenue	Short Hills, NJ 07078
Secy	Paul Galasso	4 Little Falls Way	Scotch Plains, NJ 07076
Treas	Dean Galasso	2031 Raritan Road	Scotch Plains, NJ 07076

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)(l), 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: <i>Louis Galasso III</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Louis Galasso III	Date 10/14/05	Daytime Phone # (732)815-0220

CR2E081 (01/04)



CORPORATION SERVICE COMPANY

20f2

ACCOUNT NO. : 072100000032

REFERENCE : 655595 5038705

AUTHORIZATION

Patricia Pigute

COST LIMIT : \$ 1358.75

ORDER DATE : October 17, 2005

ORDER TIME : 10:06 AM

ORDER NO. : 655595-005

CUSTOMER NO: 5038705

REINSTATEMENT

NAME: ALLSTATE POWER VAC, INC.

RECEIVED
05 OCT 18 AM 10:43
LELAND, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____