

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02

DOCUMENT # F98000006750

1. Corporation Name

ALSTON'S MANAGEMENT, INC. OF PENNSYLVANIA

Principal Place of Business

1230 WRIGHT'S LANE
WEST CHESTER PA 19380-4252

Mailing Address

1230 WRIGHT'S LANE
WEST CHESTER PA 19380-4252

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1998

5. FEI Number

23-2247518

Applied For

Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	PRITCHARD, DAVID G	946 WAWASET ROAD	KENNEDY SQUARE PA 19348
D	BRIGGS, WILLIAM	R0919 CONESTOGA RD BLDG 3 STE 21	ROSEMONT PA 19010
DST	ALSTON, ROBERT	504 NORTH FRANKLIN STREET	WEST CHESTER PA 19380
D	ALSTON, NANCY	1021 NELSON ROAD	BOZEMAN MT 59718
D	DELANEY, ROBERT	1528 McDANIEL DRIVE	WEST CHESTER PA 19380
			6000009012686
			11/15/02--01008--002 **750.00

8. Name and Address of Current Registered Agent

MONROE, W. B ESQUIRE
239 EAST VIRGINIA STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name *CT Corporation System*
Street Address (P.O. Box Number is Not Acceptable) *1200 South Pine Island Rd.*
Suite, Apt. #, Etc.
City *Plantation* State *FL* Zip Code *33324*

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

*James Newcome REQUIRED James Newcome,
REGISTERED AGENT MUST SIGN Asst. Secretary*

Date *11/16/02*

CR2E040 (8/02)

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: *James Newcome*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/02

616-696-1069
Daytime Phone #