

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **F99000004588**

1. Corporation Name

ALPHA SHIRT COMPANY

Principal Place of Business

401 EAST HUNTING PARK AVENUE
PHILADELPHIA PA 19124

Mailing Address

401 EAST HUNTING PARK AVENUE
PHILADELPHIA PA 19124

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

Zip

Country

FILED

00 DEC 26 AM 10:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1999

5. FEI Number

34-1891095

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BERG, RONALD	401-25 EAST HUNTING PARK AVENUE	PHILADELPHIA PA 19124
VD	GERBER, SAMUEL	501 NARBERTH AVENUE	HADDONFIELD NJ 08033
SD	NEILL, RONALD H	1400 MCDONALD INVESTMENT CENTER	CLEVELAND OH 44114
ATD	PERRY, STEPHEN B	5900 LANDERBROOK DRIVE	MAYFIELD HEIGHTS OH 44124
D	BACON, ERIC V	5900 LANDERBROOK DRIVE	MAYFIELD HEIGHTS OH 44124
D	LINSALATA, FRANK N	5900 LANDERBROOK DRIVE	MAYFIELD HEIGHTS OH 44124

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name: _____
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. **9000003523799--0**
City **01/04/01--01097--008**
State **FL** Zip Code ******750.00 ****750.00**

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

Blanca Lozada
REGISTERED AGENT, MUST SIGN

Date

12/8/2000

Blanca Lozada, Authorized representative

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.

KE

SIGNATURE:

Blanca Lozada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/29/00 215810300

Daytime Phone #