

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**\*APPLICATION FOR REINSTATEMENT**



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

**FILED**

97 APR -4 AM 11:22  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **L18779**

1. Corporation Name

**Allied/Breakers Corporation**

Principal Place of Business: **Urdang & Associates Real Estate Advisors, Inc. 630 West Germantown Pike, Suite 321 Plymouth Meeting, PA 19462**  
 Mailing Address: **630 West Germantown Pike, Suite 321 Plymouth Meeting, PA 19462**

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

**REINSTATEMENT**

*ad 91-97*

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/26/1990	
City & State		City & State		5. FEI Number	
Zip		Country		52-1664134	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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
P D	E. Scott Urdang	630 W. Germantown Pike, Suite 321	Plymouth Meeting, PA 19462
V S	David J. Blum	630 W. Germantown Pike, Suite 321	Plymouth Meeting, PA 19462
V	Steven C. Novick	630 West Germantown Pike, Suite 321	Plymouth Meeting, PA 19462
V	Vincent Sanfilippo	630 West Germantown Pike, Suite 321	Plymouth Meeting, PA 19462
			600002136076--7
			04/08/97--01040--010
			***1636.25 ***1636.25

8. Name and Address of Current Registered Agent

**C. T. Corporation System  
 1200 Pine Island Road  
 Plantation FL 33324**

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b>
Zip Code	

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: *Mary Alice Rogers* **MARY ALICE ROGERS** Date: **3/27/97**  
 REGISTERED AGENT MUST SIGN **Special Assistant Secretary**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(j), 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:

*David J. Blum*  
**David J. Blum**

*3/31/97* (610) 834-9500  
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/96)