

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 1996
REINSTATEMENT



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

DOCUMENT # M95939

1. Corporation Name
Armentano Enterprises, Inc.

FILED
97 FEB 24 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2975 Westchester Ave. c/o Paraco Glas.
2975 Westchester
Ave., Purchase, NY.
10577

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 13-3490019	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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
D	Armentano, Pat	2975 Westchester Avenue	Purchase, NY. 10577.
D	Armentano, Joseph	2975 Westchester Avenue	Purchase, NY. 10577.
D	Armentano, John	2975 Westchester Avenue	Purchase, NY. 10577.

400002097594--8
-02/25/97--011501001
****375.00 ****375.00
REINSTATEMENT 96-97 2/24/97
400002097594--8
-02/25/97--011501002
****165.00 ****165.00

8. Name and Address of Current Registered Agent Rote Ha, Raymond Atty. at Law. 619 East Washington Street Orlando, Fl. 32523		9. Name and Address of Registered Agent Pat Armentano ACH Academy 36550 Via Marcia Fruitland Park FL 34731	
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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: Pat Armentano
Date: _____
REGISTERED AGENT MUST SIGN

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)(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: Pat Armentano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____
Daytime Phone #: (914) 696-4427

CR2E040 (12/96)