PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA.DERARTMENT OF STATE Glenda E. Hood

> Secretary of State **DIVISION OF CORPORATIONS**

P00000016162 DOCUMENT

1. Corporation Name

ALFRED ANGELO - THE BRIDE'S STUDIO NO. 1, INC.

Principal	Place o	of Business

Mailing Address

1301 VIRGINA DRIVE SUITE 110

1301 VIRGINIA DRIVE SUITE 110

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SECRETARY OF STATE TALLAHASSEE FLORIDA



	IGTON PA 19034 >		STON PA 19034			STATEMENT	7 03	
If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 39.3 N. Con GLESS AVE 3. New Mai		ing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/15/2000				
Suite, Apt. #, etc. Suite, Apt. #		, etc.				Applied For		
City & State City & State				65-0981324		Not Applicable		
2ip 334	Country USA	Zip	Count	ry	6. CERTIFICATE		Additional Fee required Certificate of Status	
7. Names	and Street Addresses of Each Officer and	/or Director (Flo	orida nonprofit corpor	ations must list at lea	st 3 directors)			
Title(s) 1	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip		
PD	PICCIONE, VINCENT E		116 WELSH ROAD 1690 S. CONGRESS AVE,			HORSHAM PA 19044 STE 120 DELAY BEACH, FL 33445		
SD	PICCIONE, MICHELLE 116 WI			•		HORSHAM PA 19944 DECRAY BEACH, FO	33445	
VPF				NO VIA DR. STA		HORSHAM PA 19044 FT. WASHINGTON		
					7.0 11/05/	002442518 0301002003 **	150.00	
	8. Name and Address of Current	Registered Age	ent		9. Name and Address of New Registered Agent			
REGISTERED AGENT LEGAL SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE FL 32302				Name Street Address (P.O. Box Number is Not Acceptable)				
			Suite, Apt. #, Etc.			. [
				City	.	State Z	ip Code	
10. I, being	appointed the registered agent of the abo	ove named corpo	oration, am familiar w	vith and accept the ob	oligations of Section	on 607.0505, F.S. or 617.0505, F.	S.	
Signature o		luc	ally	-, ve		Date	73	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MILWARE W. US CARY REGISTERED AGENT MUST SIGN

Date

Daytime Phone #

ALFRED ANGELO - THE BRIDE'S STUDIO NO. 1, INC.

October 28, 2003

Florida Department of State
Glenda E. Hood
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: ALFRED ANGELO – THE BRIDE'S STUDIO NO.1, INC. DOCUMENT # P00000016162

To Whom It May Concern:

Enclosed is our filing fee and reinstatement application.

This letter serves as notification that the previous UBR notices were not received in our offices. We have completed the reinstatement application and made the appropriate changes.

Please advise any questions.

Thank you for your cooperation.

Sincerely,

ALFRED ANGELO - THE BRIDE'S STUDIO NO.1, INC.

Joseph'Weltz

Vice President - Finance

Enclosures

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