

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00592

1. Corporation Name

ALADDIN FOOD MANAGEMENT SERVICES, INC. OF WHEELING, WV

Principal Place of Business

21 ARMORY DRIVE
WHEELING WV 26003

Mailing Address

21 ARMORY DRIVE
WHEELING WV 26003

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/17/99 01811-011
\$750.00 ***\$750.00
01/18/1984

5. FEI Number

55-0584424

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A fee has been reported
to the Department of State

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	4 City / State / Zip
PD	AGOSTINO, DOMINIC	3 ARRONWOODS	WHEELING WV
VD	DEL PIZZO, ROBERT C. JR	1150 DUFFIELD ST	PITTSBURGH PA
S	SHELEK, DEBRA	18 FIR DRIVE	TRIDELPHIA WV
TD	RUGGIERO, RICHARD L.	R.D. #2 BOX B	BETHANY WV
D	GRAHAM, CHARLES K.	44 BRIARWOOD DRIVE	WHEELING WV
D	WEAVER, JAMES L.	85 GAWOOD TERRACE	WHEELING WV

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent *

Name _____
Street Address (P.O. Box Number, Apt. #, etc.) _____
Suite, Apt. #, Etc. _____
City _____ State FL 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

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date 11-2-99

REGISTERED AGENT MUST SIGN

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:

Richard Ruggiero

RICHARD RUGGIERO TREASURER

Date 10/22/99 304-242-6200
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED

99 NOV -5 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



100003046671--7

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Date Daytime Phone #