1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -8 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000055655

1. Corporation Name
EMPIRE MANAGEMENT COMPANY

364 WILMINGTON WEST CHESTER PIKE
301 E. PINE STREET

REINSTATEMENT 6-7-04

2. Principal Office Address		3. Mailing Office Address	
364 WILMINGTON WEST CHESTEF		301 E. PINE STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
UNIT C		SUITE 1400	
City & State		City & State	
GLEN MILLS, PA		ORLANDO, FL	
Zip	Country	Zip	Country
19342	U.S.A.	32801	U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 06/24/97

5. FEI Number 58-2338761 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for Certification of Status

7. Name and Address of Current Registered Agent

Name
BALLETTA, ESQ., JAMES

Street Address (P.O. Box Number is Not Acceptable)
301 E. PINE STREET

Suite, Apt. #, etc.
SUITE 1400

City: ORLANDO | State: FL | Zip Code: 32801

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Date 6/7/04

CR2E065 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SPANO, THOMAS V.	364 WILMINGTON WEST CHESTER I	GLEN MILLS, PA 19342
PST	PHILLIPS, FRANK	364 WILMINGTON WEST CHESTER F	GLEN MILLS, PA 19342
VP	HARVEY, JOSEPH	5284 N. ORANGE BLOSSOM TRAIL	ORLANDO, FL 32810

10. I certify that I am an officer or director of 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: _____ (FRANK PHILLIPS) 6-7-04 610 558-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.04

Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT

EMPIRE MANAGEMENT COMPANY

Certificate of Status	1
Certified Copy	0
Page Count	01
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