

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V27794**

1. Corporation Name

ALSTON & WALTERS ENTERPRISES, INC.

Principal Place of Business

1230 WRIGHTS LANE
WEST CHESTER PA 19380

Mailing Address

1230 WRIGHTS LANE
WEST CHESTER PA 19380

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

04/10/1992

5. FEI Number

23-2049500

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|----------------|---|--|-------------------------|
| P | PRITCHARD, DAVID G | 946 WAWASET RD. | KENNETT SQUARE PA 19348 |
| D | BRIGGS, WILLIAM | 919 CONESTONA RD | ROSEMONT PA 19010 |
| CFO | MATLACK, WALTER L. III | 210 CARLTON DRIVE | BROOMALL PA |
| DST | ALSTON, ROBERT P | 501 N. FRANKLIN ST | WEST CHESTER PA 19380 |
| D | ALSTON, NANCY | 1021 NELSON ROAD | BOZEMAN MT 39718 |
| D | DELANEY, ROBERT | 1528 MCDANIEL DRIVE | WEST CHESTER PA 19380 |

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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

Zip Code

700009012757
11/15/02--01008--003 **750.00

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

James Newsome
REGISTERED AGENT MUST SIGN
Asst. Secretary

Date

11/6/02

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

11/13/02
Date

610-696-1069
Daytime Phone #

CR2E040 (8/02)