

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # F99000004588

1. Corporation Name
ALPHA SHIRT COMPANY

FILED
00 DEC 26 AM 10:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 401 EAST HUNTING PARK AVENUE PHILADELPHIA PA 19124	Mailing Address 401 EAST HUNTING PARK AVENUE PHILADELPHIA PA 19124
--	--



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 09/03/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 34-1891095	
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	4. City / State / Zip
PD	BERG, RONALD	401-25 EAST HUNTING PARK AVENUE	PHILADELPHIA PA 19124
VD	GERBER, SAMUEL	501 NARBERTH AVENUE	HADDONFIELD NJ 08033
SD	NEILL, RONALD H	1400 MCDONALD INVESTMENT CENTER	CLEVELAND OH 44114
ATD	PERRY, STEPHEN B	5900 LANDERBROOK DRIVE	MAYFIELD HEIGHTS OH 44124
D	BACON, ERIC V	5900 LANDERBROOK DRIVE	MAYFIELD HEIGHTS OH 44124
D	LINSALATA, FRANK N	5900 LANDERBROOK DRIVE	MAYFIELD HEIGHTS OH 44124

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		9. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
---	--	---	--

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: *Blanca Lozada* Date: 12/9/2000
REGISTERED AGENT, MUST SIGN: *Blanca Lozada, Authorized representative*

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]* 11/29/00 215810300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KE

CR2E040 (8/00)