PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 FEB 26 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006558

1. Corporation Name

WALTER M. BUCHROEDER & SON, INC.

Principal Place of Business	Mailing Address
~~% C.J. MONASTRA & COMPANY, INC.~~ ~~20102 CHAGRIN BOULEVARD~~ ~~SHAKER HEIGHTS OH 44122-4947~~	~~% C.J. MONASTRA & COMPANY, INC.~~ ~~20102 CHAGRIN BOULEVARD~~ ~~SHAKER HEIGHTS OH 44122-4947~~

REINSTATEMENT 00-01

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
	c/o MARKLEWICH & MARTELLO, LLC
Suite, Apt. #, etc.: 2372 McDONALD AVE	Suite, Apt. #, etc.: 20102 CHAGRIN BLVD
City & State: BROOKLYN NY	City & State: SHAKER Heights OH
Zip: 11223 Country: USA	Zip: 44122 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/12/1997

5. FEI Number: 36-2070866 ☐ 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	SHELLEY, JOSEPH P JR	2372 MCDONALD AVE	BROOKLYN NY 11223
			600003912886--7 -03/27/01--01096--012 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

EDWARD E. LEVINSON P.A.
407 LINCOLN ROAD
PENTHOUSE SOUITHEAST
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (8/00)

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: X Edward E. Levinson SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: X 2/23/01

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: X Joseph P. Shelley, Jr. Pres. SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph P. Shelley, JR.

X 2/21/01 (718)449-5700
Date Daytime Phone #