

2019 FOREIGN PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F15000000174

Entity Name: ALBRECHT, VIGGIANO, ZURECK & COMPANY, P.C., P.A.**Current Principal Place of Business:**25 SUFFOLK COURT
HAUPPAUGE, NY 11788**Current Mailing Address:**25 SUFFOLK COURT
HAUPPAUGE, NY 11788 US**FEI Number: 11-2556614****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MURRAY, THOMAS J. CPA
1221 STONECUTTER DRIVE
UNIT #313
CELEBRATION, FL 34747 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE: THOMAS J. MURRAY, CPA****02/06/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OFFICER
Name DAVOLI, JEFFREY S
Address 32 WESTMOYLAN LANE
City-State-Zip: CORAM NY 11727

Title OFFICER
Name FERREIRA, JOSEPH
Address 13 MAGNOLIA LANE
City-State-Zip: SMITHTOWN NY 11787

Title OFFICER
Name MATTERN, CHARLES
Address 35 HOBSON AVENUE
City-State-Zip: ST. JAMES NY 11780

Title OFFICER
Name QUARTE, ROBERT T
Address 500 MARSEILLE PATH
City-State-Zip: SAYVILLE NY 11782

Title OFFICER
Name SHILLINGSFORD, JOHN S. JR
Address 55 WINTERCRESS LANE
City-State-Zip: EAST NORTHPORT NY 11731

Title OFFICER
Name POSNER, ROBERT S
Address 8 DIANE COURT
City-State-Zip: EAST NORTHPORT NY 11731

Title OFFICER
Name MURRAY, THOMAS J
Address 78 BENSON AVENUE
City-State-Zip: SAYVILLE NY 11782

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN SHILLINGSFORD, CPA**PARTNER****02/06/2019**

Electronic Signature of Signing Officer/Director Detail

Date