

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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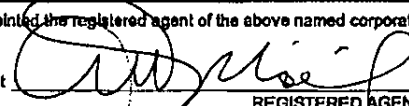

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0409
JFW

REINSTATEMENT

400147722514
03/30/09--01001--001 **\$900.00

CR2E081 (12/08)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 229744			
1. Corporation Name STRAHL & PITSCH, INC.			
2. Principal Office Address - No P.O. Box # 230 GREAT EAST NECK ROAD		3. Mailing Office Address 230 GREAT EAST NECK ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WEST BABYLON		City & State WEST BABYLON	
Zip 11704	Country U.S.A.	Zip 11704	Country U.S.A.
7. Name and Address of Current Registered Agent			
Name BLUMBERG EXCELSIOR CORPORATE SERVICES			
Street Address (P.O. Box Number is Not Acceptable) 515 EAST PARK AVENUE			
Suite, Apt. #, Etc.			
City TALLAHASSEE		State FL	Zip Code 32301
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent  Date March 24, 2009 REGISTERED AGENT MUST SIGN Marc Moel, Assistant Secretary			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/D	FRANCE, WILLIAM P.	60 LUCINDA DRIVE	BABYLON, NY 11702
D	LEVINSON, DANIEL	39 WOODSIDE AVENUE	WESTPORT, CT 06880
D	SMALL, LAUREN COHEN	8419 STEVENSON ROAD	BALTIMORE, MD 21208
D	MACK, AARON	976 SUMMIT AVENUE	ST. PAUL, MN 55105
P/D	DELUCA, WILLIAM	36 ROBERT CRESCENT	STONY BROOK, NY 11790
10. 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 contained in Chapter 119, 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:  William Deluca, President		03-23-09	631-587-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #