1 8 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 12 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000000288

REINSTATEMENT 02-04 MRS

1. Corporation Name
Gilman + Ciocia, Inc.

2. Principal Office Address	3. Mailing Office Address
11 Raymond Avenue	11 Raymond Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Poughkeepsie, NY	City & State: Poughkeepsie, NY
Zip: 12603 Country: USA	Zip: 12603 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 01/17/01

5. FEI Number: 11-2587324 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Luann Davis asst secy Date: 2/12/04
REGISTERED AGENT MUST SIGN

CR2E011 (10/02)

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
Pres.	Michael P. Ryan	11 Raymond Avenue	Poughkeepsie, NY 12603
VP	Ted H. Finkelstein	11 Raymond Avenue	Poughkeepsie, NY 12603
Secretary	Kathryn Travis	11 Raymond Avenue	Poughkeepsie, NY 12603

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 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: Ted H. Finkelstein, Vice President 2-11-04 845-485-5278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

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Account Number : FCA000000023
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CORPORATION REINSTATEMENT

GILMAN + CIOCIA, INC.

Certificate of Status	1
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