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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000000288

1. Corporation Name
Gilman + Ciocia, Inc.

2. Principal Office Address 11 Raymond Avenue		3. Mailing Office Address 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

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

REINSTATEMENT 02-04

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

5. FEI Number 11-2587324

6. CERTIFICATE OF STATUS DESIRED ☒ **75** \$8.75 additional fee required for a Certificate of Status

Applied For: ☐ Not Applicable: ☐

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 007.0505 or 617.0503, F.S.

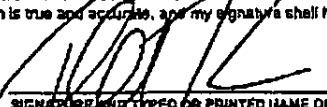
Signature of Registered Agent Luann Davis asst secy **Date** 2/12/04

REGISTERED AGENT MUST SIGN

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)(D), 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** **Date** 2-11-04 **Daytime Phone #** 845-485-5278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 205-0384

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CORPORATION REINSTATEMENT

GILMAN + CIOCIA, INC.

Certificate of Status	1
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