

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JUL 13 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000000955 1. Entity Name GABELLI & COMPANY, INC.	
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Principal Place of Business ONE CORPORATE CENTER RYE, NY 10580	Mailing Address ONE CORPORATE CENTER RYE, NY 10580
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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REINSTATEMENT

07092007 REIN: P CRZED98 1/07

4. FEI Number
13-2885006

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent MATHISON, GERALD 249 ROYAL PALM WAY PLAZA CENTER, SUITE 503 PALM BEACH, FL 33480	7. Name and Address of New Registered Agent Name Andrew X. FURTAK Street Address (P.O. Box Number is Not Acceptable) Plaza Center, Suite 503 249 Royal Palm Way City Palm Beach FL Zip Code 33480
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Andrew Z. Furtak* *Andrew Z. Furtak* *7-9-07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CP WEBSTER, JAMES G III ONE CORPORATE CENTER RYE, NY 10580	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100106074701 07/13/07--01057--001 **300.00
TITLE	D SMOLICZ, IRENE ONE CORPORATE CENTER RYE, NY 10580	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V ALPERT, BRUCE N ONE CORPORATE CENTER RYE, NY 10580	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S MCKEE, JAMES E ONE CORPORATE CENTER RYE, NY 10580	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VCFO RANASTASIO, MICHAEL ONE CORPORATE CENTER RYE, NY 10580	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James E. McKee* *7/10/07* *(914) 921-5000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #