

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JUL 13 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| 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 |
|---|---|

REINSTATEMENT

07092007 REIN P CRZED98 1/07

4. FEI Number
13-2885006

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

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| 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 NAME STREET ADDRESS CITY-ST-ZIP | CP <input type="checkbox"/> Delete WEBSTER, JAMES G III ONE CORPORATE CENTER RYE, NY 10580 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 12pt;"> 100106074701 07/13/07--01057--001 **300.00 </div> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete SMOLICZ, IRENE ONE CORPORATE CENTER RYE, NY 10580 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input type="checkbox"/> Delete ALPERT, BRUCE N ONE CORPORATE CENTER RYE, NY 10580 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input type="checkbox"/> Delete MCKEE, JAMES E ONE CORPORATE CENTER RYE, NY 10580 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCFO <input checked="" type="checkbox"/> Delete RANASTASIO, MICHAEL ONE CORPORATE CENTER RYE, NY 10580 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 James E. McKee 7/10/07 (914) 921-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B Mitchell