PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAR 25 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F07000000561

1. Corporation Name

SUSSMAN-AUTOMATIC CORPORATION

W1-9224

REINSTATEMENT 08-10

900170230799
02/23/10--01020--013 **750.00
CR2E081 (11/09)

2. Principal Office Address - No P O Box #	3. Mailing Office Address
800 VILLAGE SQUARE CROSSING	43-20 34TH STREET
Suite, Apt #, etc	Suite, Apt #, etc
City & State: PALM BEACH, FL	City & State: LONG ISLAND CITY, NY
Zip: 33410 / Country	Zip: 11101 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 1/30/2007

5. FEI Number: 135566581 — ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: RICHARD SUSSMAN

Street Address (P O Box Number is Not Acceptable): 3771 TOULOUSE DRIVE

Suite, Apt. #, Etc:

City: PALM BEACH | State: FL | Zip Code: 33410

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

900170230799
02/25/10--01027--017 **300.00

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: ✓ R Sussman — Date: ✓ 3/17/10
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
P	CHARLES MONTEVERDI	300 MAMARONECK AVE #603	WHITE PLAINS, NY 10605
V	MICHAEL PINKUS	12 LAUREL HILL DRIVE	PLEASANTVILLE, NY 10570
S	MARVIN ROBINSON	1140 AVENUE OF THE AMERICAS	NEW YORK, NY 10036

10. E-mail Address: tdiresta@sussmancorp.com
(To be used for future annual report notification)

11. 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. I further certify, 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: ✓ Anthony DiResta — CFO — 3/12/10 — 719-437 4500 X1224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #