

pg 192

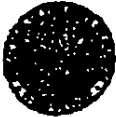
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

13 OCT 31 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-31-13 01003-021
908.75

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F08000003906			
1. Corporation Name TRI-CITY HIGHWAY PRODUCTS, INC.			
2. Principal Office Address - No P.O. Box # 145 Podpadio Rd.		3. Mailing Office Address 145 Podpadio Rd.	
City & State Richmondville NY		City & State Richmondville NY	
Zip 12149	Country USA	Zip 12149	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 9-8-2009			
5. FID Number 16-1634151		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒			
7. Name and Address of Current Registered Agent UCC FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE FL 32309			
8. I, being appointed the registered agent of the above named corporation, on behalf with and accept the obligations of sections 607.0506 or 617.0623, F.S. Signature of Registered Agent Ed Hand Date 10/30/13 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
C	Martin A. Galasso	101 Davies Lane	Cobleskill NY 12043
EVP	Martin A. Galasso, Jr.	PO Box 92	Summit NY 12175
VP	Mark A. Galasso	156 Overlook Drive	Cobleskill NY 12043
T,S	Timothy J. Gaffney	136 Fabian Drive	Schoharie NY 12306
P	David Black	55 Page Brook Road	Whitney Point NY 13862
AS	Christina Brizzee	3566 State Route 145	Schoharie, NY 12157
10. E-mail Address: TGaffney@LANCdev.com (To be considered having passed request verification)			
11. I certify that I am an officer or director of the corporation or licensee incorporated to complete this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the filer(s) for this document have been identified. The corporate name certifies the requirements of sections 607.0401 or 617.0401, F.S., have been met by the corporation or licensee. I further certify that the information indicated on this application is true and correct, and my signature shall have the same legal effect as if made under oath. SIGNATURE: [Signature] Treasurer / Secretary 10-30-13 Date			

300253405603
REINSTATEMENT
12-13

518/294-9964
EXT 120

ADDENDUM

9. OFFICERS (continued)

Vice President of
Florida Operations

Adam Smith
169 Main Street
Kirkwood, NY 13795