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Florida Department of State
Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION
CGNY RENOVATIONS, INC.

Certificate of Status	1
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. CGNY RENOVATIONS, INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. February 15, 2005

(Date of incorporation)

5.

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida if prior to registration.)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 38-09 33rd Street, Long Island City, NY 11101

(Principal office address)

38-09 33rd Street, Long Island City, NY 11101

(Current mailing address)

8. Construction company.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Luigi Grippi**

Office Address: **200 S. Biscayne Blvd., Ste. 2790**

Miami

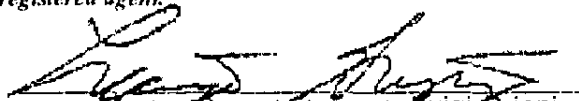
(City)

Florida, **33131**

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature) **Luigi Grippi**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Luigi Grippi

Address: 38-09 33rd Street, Long Island City, NY 11101

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Luigi Grippi

Address: 38-09 33rd Street

Long Island City, NY 11101

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Luigi Grippi- President

(Typed or printed name and capacity of person signing application)

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**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of CGNY RENOVATIONS, INC. was filed on 02/15/2005, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 05/03/2007.

Certificate of Change was filed on 05/14/2010.

A Biennial Statement was filed 08/03/2015.

I further certify that no other documents have been filed by such corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 05th day of August
two thousand and fifteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State