

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC -8 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000953

1. Corporation Name

GILMAN & CIOCIA, INC.

Principal Place of Business

475 NORTHERN BLVD.
GREAT NECK NY 11021

Mailing Address

475 NORTHERN BLVD.
GREAT NECK NY 11021

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1993

5. FEI Number

11-2587324

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PCD	CIOCIA, JAMES	475 NORTHERN BLVD	GREAT NECK NY 11021
VD 1	TRAVIS, KATHRYN	475 NORTHERN BLVD	GREAT NECK NY 11021
VD	BESMER, GARY	475 NORTHERN BLVD	GREAT NECK NY 11021
SD SVD	POVINELLI, THOMAS	475 NORTHERN BLVD	GREAT NECK NY 11021
TCD	CIOCIA, JAMES	475 NORTHERN BLVD	GREAT NECK NY 11021

800002712308-4
-12/15/98-01016-009
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'KEEFE, KERRY
1499 W. PALMETTO PARK, SUITE 214
BOCA RATON FL 33486

Name
Steve Gilbert.
Street Address (P.O. Box Number is Not Acceptable)
2420 Enterprise Road.
Suite, Apt. #, Etc.
Suite 100
City
Clearwater
State
FL
Zip Code
33763

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent X *[Signature]* **REQUIRED**
REGISTERED AGENT MUST SIGN

Date X

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Kathryn Travis **REQUIRED**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/98
Date

516-482-4860
Daytime Phone #