

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 20 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003456 (1)

1. Corporation Name

FIRST ALBANY CORPORATION

2. Principal Office Address

30 S. PEARL ST.
ALBANY, N.Y. 12207

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

P.O. Box 52
ALBANY, N.Y. 12201

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/28/1993

5. FEI Number

14-1391446

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

CT CORPORATION SYSTEM

400024868074

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND RD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

Luann Davis asst secy

Date 11/13/03

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
<u>P/D</u>	<u>ALAN P. GOLDBERG</u>	<u>40 HILLS ROAD</u>	<u>LOVDONVILLE, NY 12211</u>
<u>S</u>	<u>STEPHEN P. WINK</u>	<u>167 WOODLAWN AVENUE</u>	<u>SARATOGA SPRINGS, NY 12866</u>
<u>V/D</u>	<u>STEVEN R. JENTINS</u>	<u>20 HAMPSHIRE PLACE</u>	<u>DELMAR, NY 12054</u>
<u>D</u>	<u>GEORGE C. MCNAMEE</u>	<u>9 LOVDON HEIGHTS SOUTH</u>	<u>LOVDONVILLE, NY 12211</u>
<u>M/D</u>	<u>ARTHUR T. MURPHY JR.</u>	<u>42 PRESCOTT AVE</u>	<u>BRONXVILLE, NY 10708</u>
<u>V/D</u>	<u>HUGH A. JOHNSON, JR.</u>	<u>9 BIRCHWOOD CT.</u>	<u>ALBANY, NY 12211</u>

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/2003

Date

518-447-8506

Daytime Phone #

CR2E081 (10/02)