
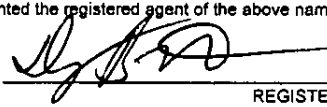
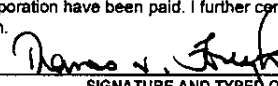


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> <b>10 JUL 20 PM 4:36</b> <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>  <b>600183489326</b> <b>07/21/10--01001--017 **1050.00</b>  <b>CR2E081 (6/10) CB-10</b>	
<b>DOCUMENT # F95 000000909</b>					
1. Corporation Name <b>Finkel, DiSanto, Forsythe, Sciuto &amp; Martin, Incorporated</b>					
2. Principal Office Address - No P.O. Box # <b>117 Metro Center Blvd.</b>			3. Mailing Office Address		
Suite, Apt. #, etc. <b>Suite 3000</b>			Suite, Apt. #, etc.		
City & State <b>Warwick, RI</b>			City & State		
Zip <b>02886</b>	Country <b>USA</b>	Zip	Country		
			4. Date Incorporated or Qualified To Do Business in Florida <b>1995</b>		
			5. FEI Number <b>05-0473084</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
			6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		<b>\$8.75</b> Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent					
Name <b>Corporate Access, Inc.</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>26 E. 6th Avenue</b>					
Suite, Apt. #, Etc.					
City <b>Tallahassee</b>		State <b>FL</b>	Zip Code <b>32303</b>		
<b>REINSTATEMENT</b>					
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				Date	
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	David P. DiSanto	117 Metro Center Blvd.		Warwick, RI 02886	
V	John J. Brough, Jr.	117 Metro Center Blvd.		Warwick, RI 02886	
T	Thomas N. Forsythe	117 Metro Center Blvd.		Warwick, RI 02886	
S	Robert A. D'Amico	117 Metro Center Blvd.		Warwick, RI 02886	
10. E-mail Address: <b>tforsythe@disantopriest.com</b> <small>(To be used for future annual report notification)</small>					
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:				Date <b>7/19/10</b>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					