PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 17 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000003642

1. Corporation Name

GAMCO INVESTORS, INC.

Principal Place of Business	Mailing Address
PLAZA CENTER. STE 503 249 ROYAL PALM WAY PALM BEACH FL 33480	PLAZA CENTER. STE 503 249 ROYAL PALM WAY PALM BEACH FL 33480

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

REINSTATEMENT 02-03

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/12/1999

5. FEI Number: 13-4044521 ☐ 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)

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11/04/02--01007--017 **600.00

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City/State/Zip
CEO	GABELLI, MARIO J	ONE CORPORATE CENTER	RYE NY
VD	JAMIESON, DOUGLAS R	ONE CORPORATE CENTER	RYE NY 10580
D S/V	MCKEE, JAMES E	ONE CORPORATE CENTER	RYE NY 10580
T/V	ZUCCARO, ROBERT S	ONE CORPORATE CENTER	RYE NY 10580
CD	RINDLER JR, JOSEPH R	ONE CORPORATE CENTER	RYE NY
D	SCHOLZ II, F. WILLIAM	ONE CORPORATE CENTER	RYE NY

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01/22/03--01066--004 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MATHISON, GERALD 249 ROYAL PALM WAY PALM BEACH FL 33480	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

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03/28/03--01018--017 **150.00

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Gerald Mathison Date: 10-25-02
REGISTERED AGENT MUST SIGN

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 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 REQUIRED James E. McKee (914) 921-5294 10/24/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #