PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 93 97 REINSTATEMENT

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

APPROVED AND FILED
1997 NOV 25 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H45606

1. Corporation Name

Alfred DeFilippo & Associates, Inc.

Principal Place of Business	Mailing Address
2213 Barnstaple Circle West Palm Beach, Fl 33414	Same

500002364665--1
-12/05/97--01105--006
***1418.75 ***1418.75

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
75 Saw Mill River Road	475 Saw Mill River Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Yonkers, New York	City & State: Yonkers, New York
Zip: 10701 Country:	Zip: 10701 Country:

4. Date Incorporated or Qualified To Do Business in Florida: March 6, 1985

5. FEI Number: 59-2528680 — 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
P/D	Gennaro D/Amore	475 Saw Mill River Road	Yonkers, N.Y. 10701
D	Arthur Bernacchia	475 Saw Mill River Road	Yonkers, N. Y. 10701
D	Raymond Murphy	475 Saw Mill River Road	Yonkers, N. Y. 10701

REINSTATEMENT 93 97 11/25/97

8. Name and Address of Current Registered Agent

Alfred DeFilippo
2213 Barnstaple Circle
West Palm Beach, Fl 33414

9. Name and Address of New Registered Agent

Name: Henry B. Handler
Street Address (P.O. Box Number is Not Acceptable): Weiss & Handler, P. A.
Suite, Apt. #, Etc: 2255 Glades Road, Suite 218A
City: Boca Raton State: FL Zip Code: 33431

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: H. B. H
HENRY B. HANDLER REGISTERED AGENT MUST SIGN

Date: 11/20/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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: Gennaro D'Amore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GENNARO D'AMORE, PRESIDENT

11-20-97 Date

914-969-6900 Daytime Phone #