

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**
**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

 FILED  
 05 DEC 30 PM 4:31

DOCUMENT # J41320

1. Corporation Name

CLARK DODGE &amp; COMPANY, INC.

2. Principal Office Address

2 GANNETT DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

2 GANNETT DRIVE

Suite, Apt. #, etc.

City &amp; State

WHITE PLAINS, NY

City &amp; State

WHITE PLAINS, NY

Zip

10604

Country

USA

Zip

10604

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2738888

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

CR2E081 (8/05)

## 7. Name and Address of Current Registered Agent

Name

A1A REGISTERED AGENT INC.

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

92 SADBERRY ROAD

Suite, Apt. #, Etc.

City  
QUINCYState  
FLZip Code  
32351

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

Paul Smith Paul Smith V.P.

Date 12/29/05

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
PRES	JOSEPH DIMAURO	2 GANNETT DRIVE	WHITE PLAINS, NY 10604

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

11/29/05

914-694-2390

Date

Daytime Phone #