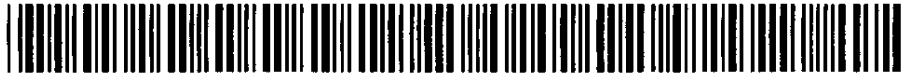


Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000013290 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

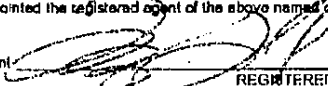
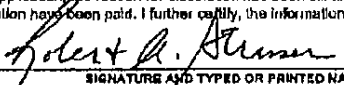
****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
SWANKE HAYDEN CONNELL LTD. INCORPORATED**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P27192					
1. Corporation Name SWANKE HAYDEN CONNELLY LTD., INCORPORATED					
2. Principal Office Address - No P.O. Box # 295 LAFAYETTE STREET			3. Mailing Office Address 295 LAFAYETTE ST.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State NEW YORK, NY			City & State NEW YORK, N.Y.		
Zip 10012	Country US	Zip 10012	Country US	4. Date Incorporated or Qualified To Do Business in Florida 12/05/1989	
5. FEI Number 13-3168797				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 CORPORATION SERVICE COMPANY					
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET					
Suite, Apt. #, Etc.					
City TALLAHASSEE		State FL	Zip Code 32301		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S. Signature of Registered Agent:  Troy Todd as its agent Date: 1/25/2010 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PD	RICHARD S. HAYDEN	296 FLORIDA HILL ROAD		BRIDGEFIELD, CT 06877	
SD	GEORGE G. ALEXANDER	2801 PARK CENTER DRIVE		ALEXANDRIA, VA. 22302	
D	RICHARD A. CARLSON	28 MIDBAUGH ST.		BROOKLYN, N.Y. 11201	
ASD	ROBERT A. STRASSER	116 BILTMORE BLVD		MASSAPEQUA N.Y. 11758	
CEO	PETER GROSS	92 CASSILLAS AVE.		BRONXVILLE, N.Y. 10708	
COO	JOSEPH J. ALIOTTA	74 ROBINSON AVE.		STATEN ISLAND, N.Y. 10312	
10. E-mail Address: STRASSER, R @ SHCA . COM (To be used for future annual report notification)					
11. 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. 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:  ROBERT A. STRASSER 1/19/10 226-9696 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

10 JAN 25 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**REINSTATEMENT** 09-10

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.