

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000056819

1. Corporation Name

PETTINELLA FAMILY HOLDINGS, INC.

2. Principal Office Address

1136 ROUTE 9

Suite, Apt. #, etc.

SUITE U-1

City & State

WAPPINGERS FALLS, NY

Zip

12590

Country

USA

3. Mailing Office Address

1136 ROUTE 9

Suite, Apt. #, etc.

SUITE U-1

City & State

WAPPINGERS FALLS, NY

Zip

12590

Country

USA

FILED

03 SEP 15 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

99-03

300023045713

09/15/03--01018--002 **1358.75

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/1997

5. FEI Number

58-2336322

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

GREGORY T. MARTINI

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

2655 LEJEUNE RD

Suite, Apt. #, Etc.

SUITE 1101

City

CORAL GABLES

State
FL

Zip Code
33134

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

REGISTERED AGENT MUST SIGN

Date

9/12/03

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
DPTM	JOSEPH A. PETTINELLA	35 BURTS PATH	HOPEWELL JCT, NY 12533
V	ALBERT PETTINELLA, SR.	21 PENNY PLACE	FISHKILL, NY 12524
DV	ALBERT PETTINELLA, JR.	16 BLUEBERRY DRIVE	WINGDALE, NY 12594
S	NANCY MARTINELLI	21 PENNY PLACE	FISHKILL, NY 12524

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:

JOSEPH A. PETTINELLA

09/05/2003 (914)755-2245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

Handwritten initials: JH 1/6