

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 MAR 27 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


*ok 09*

REINSTATEMENT

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03/30/09--01001--001 \*\*900.00

CR2E081 (12/08)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 229744

1. Corporation Name

STRAHL & PITSCHE, INC.

2. Principal Office Address - No P.O. Box #  
230 GREAT EAST NECK ROAD

3. Mailing Office Address  
230 GREAT EAST NECK ROAD

Suite, Apt. #, etc.

City & State  
WEST BABYLON

Zip Country  
11704 U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida  
11/02/1959

5. FEI Number 13-2526829 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  
BLUMBERG EXCELSIOR CORPORATE SERVICES

Street Address (P.O. Box Number is Not Acceptable)  
515 EAST PARK AVENUE

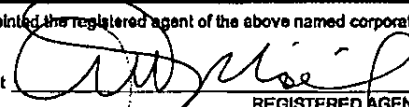
Suite, Apt. #, Etc.

City State Zip Code  
TALLAHASSEE FL 32301

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.

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



Date March 24, 2009

REGISTERED AGENT MUST SIGN Marc Moel, Assistant Secretary

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
C/D	FRANCE, WILLIAM P.	60 LUCINDA DRIVE	BABYLON, NY 11702
D	LEVINSON, DANIEL	39 WOODSIDE AVENUE	WESTPORT, CT 06880
D	SMALL, LAUREN COHEN	8419 STEVENSON ROAD	BALTIMORE, MD 21208
D	MACK, AARON	976 SUMMIT AVENUE	ST. PAUL, MN 55105
P/D	DELUCA, WILLIAM	36 ROBERT CRESCENT	STONY BROOK, NY 11790

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 contained in Chapter 119, 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:  William DeLuca, President

03-23-09

631-587-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #