

MO2000000377


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 JAN -7 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # MO2000000377

1. Limited Liability Company's Name

Newtek Securities, LLC

03

100114220511

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 1440 Broadway Suite, Apt. #, etc Fl. 17 City & State New York, New York Zip 10018 Country United States		3. Mailing Office Address 1440 Broadway Suite, Apt. #, etc Fl. 17 City & State New York, New York Zip 10018 Country United States	
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4. State/Country of Formation New York	
5. Date Organized or Qualified To Do Business in Florida 2/13/02	
6. FEI Number 11-3556180	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

B. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hayes Street

Suite, Apt. #, Etc

City
Tallahassee

State
FL

Zip Code
32301

A \$100 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 \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Georgia Byron **Georgia Byron, Assistant v.p.** Date 1/7/08
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	Barry Sloane	1440 Broadway	New York, New York 10018
Manager	Seth A. Cohen	1440 Broadway	New York, New York 10018

REINSTATEMENT 2003-2008

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Seth A. Cohen Date 1/7/08 Daytime Phone # 212-356-9572
Typed or printed name of signing Managing Member/Manager Seth A. Cohen



CORPORATION SERVICE COMPANY

M020000000377

ACCOUNT NO. : 072100000032

REFERENCE : 389111 7478467

AUTHORIZATION

Frank DeMa

COST LIMIT \$ 932.50

FILED
08 JAN -7 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : January 7, 2008

ORDER TIME : 12:55 PM

ORDER NO. : 389111-005

CUSTOMER NO: 7478467

REINSTATEMENT

NAME: NEWTEK SECURITIES, LLC

BK

RECEIVED
08 JAN -7 PM 2:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____