PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 DEC 22 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100162765351
11/12/09--01039--008 **750.00

CR2E041 (11/09)

DOCUMENT # M03000003919

1. Limited Liability Company's Name

First New York Securities, L.P., LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
90 Park Ave	90 Park Ave
Suite, Apt. #, etc.: 5th Fl	Suite, Apt. #, etc.: 5th Fl
City & State: New York, NY	City & State: New York, NY
Zip: 10016 Country: USA	Zip: 10016 Country: USA

4. State/Country of Formation: New York / New York

5. Date Organized or Qualified To Do Business in Florida: 11/23/2003

6. FEI Number: 133270745 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.

Suite, Apt. #, Etc:

City: Plantation State: FL Zip Code: 33324

☑ 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: Melissa Fox Vice President Date: 12/17/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

REINSTATEMENT

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Donald Erenberg	870 UN Plaza	New York, NY 10017
MGRM	Michael Friedman	150 Central Park South	New York, NY 10019
MGRM	Steve Heinemann	106 Goose Hill Rd.	Huntington, NY 11743
MGRM	Harris Sufian	47 Meadow Rd.	Scarsdale, NY 10583
MGRM	Donald Motschwiller	2 Horse Hill Rd.	Brookville, NY 11545
MGRM	Joseph Schenk	21 Crows Nest Rd.	Bronxville, NY 10708

11. E-mail Address: _____ (To be used for future annual report notifications)

12. 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 608.408, 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: _____ Date: 12/17/09 Daytime Phone #: (212) 331-6853

Typed or printed name of signing Managing Member/Manager: _____

N. Galligan DEC 22 2009