PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

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FILED
02 NOV -5 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000001059

1. Corporation Name

TUDOR INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
1275 KING STREET GREENWICH CT 06831	1275 KING STREET GREENWICH CT 06831

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 2002

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/22/2001

5. FEI Number: 22-2514825 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CD	JONES II, PAUL T	1275 KING STREET	GREENWICH CT
PD	DALTON, MARK F	1275 KING STREET	GREENWICH CT
D	MCFARLANE III, JOHN G	1275 KING STREET	GREENWICH CT
D	~~PICKARD, MARK~~ JOHN R. TORELL	1275 KING STREET	GREENWICH CT
D	PAUL, ANDREW S	1275 KING STREET	GREENWICH CT
D	PALLOTA, JAMES J	~~98~~ 50 ROWES WHARF, ~~2ND~~ 6TH FL	BOSTON MA

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (5/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 11/4/02

REGISTERED AGENT MUST SIGN

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 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.

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SIGNATURE: SIGNATURE REQUIRED 11/04/02 (203) 863-8637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01/03/01 AD

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TITLE(s)	NAME OF OFFICERS AND/OR DIRECTORS	STREET ADDRESS OF EACH OFFICER AND/OR DIRECTOR	CITY/STATE/ZIP
D	FISHER, RICHARD	3797 NEW GETWELL ROAD	MEMPHIS, TN
D	FORLENZA, ROBERT P	50 ROWES WHARF, 6TH FLOOR	BOSTON, MA
D	HOUGHTON-BERRY, MARK	THE GREAT BURGH YEW TREE BOTTOM ROAD	EPSOM, SURREY UK

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY/SAL
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

TUDOR INVESTMENT CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	03
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