

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 825157

1. Corporation Name

LEHMAN BROTHERS INC.

Principal Place of Business

101 HUDSON STREET  
TAX DEPARTMENT, 39TH FLOOR  
JERSEY CITY NJ 07302

Mailing Address

101 HUDSON STREET  
TAX DEPARTMENT, 39TH FLOOR  
JERSEY CITY NJ 07302

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

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

09/18/1970

5. FEI Number

13-2518466

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
V	O'BRIEN, BARRY J.	101 HUDSON ST	JERSEY CITY NY 07302 JERSEY CITY NJ 07302
S	MANSON, KAREN MARPE, JENNIFER	3 WORLD FINANCIAL CENTER	NEW YORK NY 10285
T	MILVERSTED, MICHAEL SILVERMAN, MARC A.	WORLD FINANCIAL CENTER 3 WORLD FINANCIAL CENTER	NEW YORK NY 10285
D	LEWIS, SHERMAN R JR	WORLD FINANCIAL CENTER #3	NEW YORK NY 10285
PD	FULD, RICHARD S JR	WORLD FINANCIAL CENTER #3	NEW YORK NY NEW YORK NY 10285
			0515 98 01081 012 \$600.00 \$150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

400002710274-4

-12/11/98-01068-026

\*\*\*\*600.00 \*\*\*\*600.00

FL

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.

Signature of  
Registered Agent

*Barry J. O'Brien*  
REGISTERED AGENT *Barry J. O'Brien*

Date 11/23/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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)(f), 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:

*Barry J. O'Brien*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/98 (201) 524-5822  
Date Daytime Phone #

APPROVED  
AND  
FILED

98 DEC -7 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (0/98)