

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F02000000646

1. Corporation Name

SANDS BROTHERS & CO., LTD., INC.

Principal Place of Business

90 PARK AVENUE, 39TH FLOOR  
NEW YORK NY 10016-1401

Mailing Address

90 PARK AVENUE, 39TH FLOOR  
NEW YORK NY 10016-1401

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/05/2002

5. FEI Number

13-3570873

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| CS            | SANDS, STEVEN B                           | 90 PARK AVENUE, 39TH FLOOR                             | NEW YORK NY 10016       |
| CS            | SANDS, MARTIN S                           | 90 PARK AVENUE, 39TH FLOOR                             | NEW YORK NY 10016       |
| PT            | CASKA, MICHAEL C                          | 90 PARK AVENUE, 39TH FLOOR                             | NEW YORK NY 10016       |
| VC            | BONAVENTURA, ROBERT J                     | 90 PARK AVENUE, 39TH FLOOR                             | NEW YORK NY 10016       |
|               |   |  |                         |
|               |   |  |                         |

500024254655  
10/29/03-01057-018 \*\*750.00

8. Name and Address of Current Registered Agent

ITZKOWITZ, STUART  
2351 EAST HALLENDALE BEACH BLVD.  
HALLENDALE FL 33009

9. Name and Address of New Registered Agent

Name

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

2351 E. Hallendale Beach Blvd.

Suite, Apt. #, Etc.

City

Hallendale

State

FL

Zip Code

33009

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

Felix Smolensky  
REGISTERED AGENT MUST SIGN

Date

10/17/03

11. 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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03  
Date

212-697-5200  
Daytime Phone #

CR2E040 (7/03)