

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F02000003029

1. Corporation Name

R.W. PRESSPRICH & CO., INC.

Principal Place of Business

780 THIRD AVENUE, 5TH FLOOR  
NEW YORK NY 10017

Mailing Address

780 THIRD AVENUE, 5TH FLOOR  
NEW YORK NY 10017

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

2. New Principal Office Address, If Applicable \*

520 MADISON AVE

Suite, Apt. #, etc.

28TH FLOOR

City & State

NEW YORK NY

Zip

10022

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/14/2002

5. FEI Number

13-3570685

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 3	City / State / Zip 4
CP	RAPPA, EDWARD J	425 EAST 58TH STREET, APARTMENT	NEW YORK NY 10022
DT	HYNES, DENNIS C	8 CLUB DRIVE	SUMMIT NJ 07901
DS	KELLY, PATRICK J	180 UNION GROVE ROAD	FAR HILLS NY 07931

000024218320

10/28/03--01087--006 \*\*158.75

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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

Date

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

DENNIS C. HYNES, CFO 10/27/03 (212) 832 6026

FILED  
03 OCT 28 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)

**R.W. Pressprich & Co.**  
INCORPORATED  
New York • Boston • Chicago  
*An Independent Viewpoint*

October 27, 2003

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Sir or Madam:

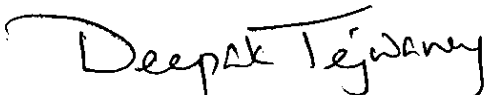
**Document # F02000003029**

We are enclosing our form for application for reinstatement, duly signed. We are also enclosing our check for \$158.75 towards the Annual Report Fee, Corporate Supplemental Fee and the Certificate of Status.

We request you to waive the Reinstatement Fee of \$600.00, as we did not receive your renewal notice. Most likely, it was lost in the mail.

For the future, I have made a note that will remind me to file this form in the last week of February every year.

Thank you,



Deepak Tejwani