

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 11 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000000745

1. Corporation Name

CITICORP SECURITIES SERVICES, INC.

2. Principal Office Address

390 Greenwich Street

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10013

Country

US

3. Mailing Office Address

C/O Licensing Dept

Suite, Apt. #, etc.

PO BOX 31226

City & State

Tampa, FL

Zip

33631

Country

US

REINSTATEMENT

05-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/9/2004

5. FEI Number

13-3214963

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Barbara A. Burke

**Barbara A. Burke
Special Assistant Secretary**

Date **12-6-06**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Thomas Tesauro	390 Greenwich Street	New York, NY 10013
CFO	Charles Milone	390 Greenwich Street	New York, NY 10013
COO	Edward R. Arnold	390 Greenwich Street	New York, NY 10013
VP	Alice F. Hackett	390 Greenwich Street	New York, NY 10013
AS	Robyn Gomez	3800 Citibank Center	Tampa, FL 33610
T	Scott Freidenrich	388 Greenwich Street	New York, NY 10013

10. 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 contained in Chapter 119, 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:

Robyn J. Gomez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-08-06

Date

813-604-9336

Daytime Phone #

K. Eckel DEC 11 2006