## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS				LED 7 AM 9:42	
DOCUMENT # F06000004029  1. Corporation Name INTERLINK SECURITIES CORP.			REINSTATEMENT 09-10			
20750 VENTURA BLVD. 1 Suite, Apt. #, etc. Si	uite, Apt. #, etc.	VER STREET		900180987999 05/17/1001060017 **150.00 CR2E081 (4/10)		
City & State City & State		EPT, 11th FL		4. Date Incorporated or Qualified To Do Business in Florida 06/2006		
WOODLAND HILLS, CA HOBOK		EN, NJ		5. FEI Number Applied For Not Applied For Not Applicable		
Zip         Country         Zi           91364         USA         0	, 07030	Country		6. CERTIFICATE	Additional Fee required a Certificate of Status	
Name CT CORPORATION SYSTEM  Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road  Suite, Apt. #, Etc.				PROFIT CORPORATIONS ONLY  The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
CITY PLANTATION		State Zip Code			1011309:7999 701-01055-001 **150,00	
8. I, being appointed the registered agent of the above no Signature of Registered Agent REGIS	Sohan R. (	Dindyal Sign Signat			on 607.0505 or 617.0503, F.S.  Date	-/c)
Names and Street Addresses of Each Officer and/or Description	Director (Florida nonpro				<u> </u>	
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
PID- Luis G. ORDONEZ	8 212	CARNEGIE	CEN	TER	PRINCETON, NJ	08540
NP JOSEPH P. GIGLIOTTI	ial f	RIVER ST	REET		HOBOKEN, NJ	07030
SEC LAWRENCE M. LEHAN	1166 A	IVE OF THE	E AME	RICAS	NEW YORK, NY	10036
CFO KIM BLACKMORE	121 R	NUER STR	EET		HOBOKEN, NJ	07030
D KELLEY BUCHANAN	1166 A	WE OF TH	E AN	ERICAS	NEW YORK, NY	10036
D ROB McGINNIS	12421	MEREDIT	rh Da	RIVE	URBANDALE, IA	50398
10. E-mail Address: EVELYN-RODRIGUE ECHMC. COM  (To be used for future annual report notification)						
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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect						

JOSEPH P. GIGLIOTTI
PENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(201) 284-4397 Daytime Phone #

as if made under oath.

SIGNATURE: