


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAY -6 AM 8:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F06000004208

1. Corporation Name  
LEHMAN BROTHERS COMMODITY SERVICES INC.

2. Principal Office Address - No P.O. Box # 1271 SIXTH AVENUE		3. Mailing Office Address 101 HUDSON STREET	
Suite, Apt #, etc.		Suite, Apt. #, etc. 11TH FL., TAX DEPT.	
City & State NEW YORK, NY		City & State JERSEY CITY, NJ	
Zip 10020	Country USA	Zip 07302	Country USA

200180499632  
05/06/10--01041--003 \*\*\$600.00  
**REINSTATEMENT** 07-10

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  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  
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET

Suite, Apt. #, Etc.

City  
TALLAHASSEE

State  
FL

Zip Code  
32301

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.

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: *[Signature]* Date: 4/26/10

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
CEOD	BRYAN MARSAL	1271 SIXTH AVENUE	NEW YORK, NY 10020
PD	JOHN SUCKOW	1271 SIXTH AVENUE	NEW YORK, NY 10020
VP	LINDA KLANG <i>4/5/10</i>	101 HUDSON STREET	JERSEY CITY, NJ 07302
SEC	ROBERT HERSHAN	1271 SIXTH AVENUE	NEW YORK, NY 10020
TRE	STEVE COHN	1271 SIXTH AVENUE	NEW YORK, NY 10020

10. E-mail Address: LINDA.KLANG@LEHMANHOLDINGS.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 as if made under oath.

SIGNATURE: *[Signature]* Date: 4/27/10 Daytime Phone #: 201526-1484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR