

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JAN -8 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000005966

1. Corporation Name

Puritan Securities, Inc.

REINSTATEMENT

08-05

100165423411

01/08/10--01042--003 **300.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 980 Post Road East Suite, Apt. #, etc. Second Floor City & State Westport, CT Zip 06880		3. Mailing Office Address 980 Post Road East Suite, Apt. #, etc. Second Floor City & State Westport, CT Zip 06880	
Country USA		Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 09/18/2006	
5. FEI Number 02-0702397	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent	
Name Trent Sommerville	
Street Address (P.O. Box Number is Not Acceptable) 42 Business Center Drive	
Suite, Apt. #, Etc. Suite 203	
City Miramar Beach	State FL
Zip Code 32550	

☒ The 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 607.0506 or 617.0503, F.S.	
Signature of Registered Agent 	Date 01/06/2010
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CS	Jerry Gruenbaum	980 Post Road East, 2nd Floor	Westport, CT 06880
VCP	Nathan Lapkin	980 Post Road East, 2nd Floor	Westport, CT 06880

10. E-mail Address: nlapkin@puritansecurities.com

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:	Nathan Lapkin
01/06/2010 203-635-4380	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date Daytime Phone #	