

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2021 MAY -7 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # F15000003065

1. Corporation Name

Tocqueville Management Corp

2. Principal Office Address - No P.O. Box #
2911 Cardinal Drive

3. Mailing Office Address
2911 Cardinal Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Vero Beach, FL 32963

City & State
Vero Beach, FL 32963

Zip Country
32963 US

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32963 US

4. Date Incorporated or Qualified
To Do Business in Florida July 14, 2015

5. FEI Number
13-3547559

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
Kelsey Graham

Street Address (P.O. Box Number is Not Acceptable)
2911 Cardinal Drive

Suite, Apt. #, Etc.

City
Vero Beach

State
FL

Zip Code
32963

REINSTATEMENT

209 2021

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 4/27/21

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 C/D	Robert Kleinschmidt	617 Lake Drive	Vero Beach, FL 32963
VC/D	Vincent Sellecchia	15 Hawthorne Rd	Bronxville, NY 10708
P & COO	Scott Schlesinger	300 East 54th Street	New York, NY 10022
CCO	Kelsey Graham	214 Park Shores Circle	Vero Beach, FL 32963

MAY - 7 2021

10. E-mail Address: *kgraham@tocqueville.com*

M. WILLIAMS

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 617.155, F.S.