PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT 17 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F28396

1. Corporation Name: National Investment Managers Inc.

800110870898
10/17/07--01006--004 **158.75

REINSTATEMENT CR2E081 (01/07) 07

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
545 Metro Place South	
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.
City & State: Dublin OH	City & State
Zip: 43017 Country	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 4/3/1981

5. FEI Number: 59-2091510 ☐ 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: Capital Connection Inc.
Street Address (P.O. Box Number is Not Acceptable): 417 E. Virginia St.
Suite, Apt. #, Etc.: Suite 1
City: Tallahasee State: FL Zip Code: 32301

☒ 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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Lulani White Date: 10/15/07
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
D/S	Steven J. Ross	7 Canyon Rim	Newport Coast CA 92657
C/D	Richard J. Bermen	420 Lexington Ave #450	New York N.Y. 10170
D	Steven J. Rucheftsky	800 Westchester Ave.	Rye Brook NY 10573
D	Arthur D. Emil	420 Lexington Ave #2400	New York, NY 10170
P	John M. Davis	5745 Rothesay Dr.	Dublin, OH 43017

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: 10-10-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #