

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

LAIDLAW EQUITIES, INC.

Principal Place of Business

Mailing Address

**100 PARK AVENUE
28th FLOOR
NEW YORK, NEW YORK 10017**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/92

5. FEI Number

13-3410773

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Anastasio Carayannis	100 Park Avenue	New York, NY 10017
T	Aurelio Vinluan	100 Park Avenue	New York, NY 10017
C	Larry Horner	100 Park Avenue	New York, NY 10017

REINSTATEMENT

8. Name and Address of Current Registered Agent

**Mr. Carlos Guersani-Harrington
Laidlaw Global Securities, Inc.
1221 Brickell Ave., 9th Floor
Miami, Florida 33131**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Accepted)

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/21/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(b), 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:

AURELIO VINLUAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TUE APR 23 1999

12/18/98 212-376-8800
Date Daytime Phone #

FILED

99 APR 23 AM 9:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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****185.00 ****150.00**

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