

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 17 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

WESTON CAPITAL MARKETS, INC
1313 EAST LAKE DRIVE
FT. LAUDERDALE, FLORIDA 33316

2. Principal Office Address

1313 EAST LAKE DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. LAUDERDALE FLORIDA

Zip

Country

Zip

Country

33316

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1993

5. FEI Number

13-3687969

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$573 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

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

2/14/00

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	John R. Liegey	1400 S.W. 55 th AVE.	Plantation FL 33317

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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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/14/00

Daytime Phone #

CR2E081 (9/99)



**THE UNITED STATES
CORPORATION**
C O M P A N Y

ACCOUNT NO. : 072100000032

REFERENCE : 588035 7205201

AUTHORIZATION :

Patricia Pigut

COST LIMIT : \$ 900.00

2

ORDER DATE : February 14, 2000

ORDER TIME : 4:25 PM

ORDER NO. : 588035-005

CUSTOMER NO: 7205201

CUSTOMER: Ms. Stephanie Pientek
THE WESTON GROUP
THE WESTON GROUP
135 East 57th Street
31st Floor
New York, NY 10022

DOMESTIC FILING

NAME: WESTON CAPITAL MARKETS, INC.

EFFECTIVE DATE:

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS:

MTS