C T CORPORATION SYSTE Requestor's Name 1311 Executive Center Address Tallahasses, FL. 323 City State Zip	Drive, Ste. 200)56
CORPORA	ATION(S) NAME	62 7711 85 SECRETA
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Kambon Spean	line Transcribed	 700001376357 -014179501082009
_ CONTROLL SOCIO	thes Incorporated	
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Name Availability	3.00	
Oocument Examiner	3.00 1/10/25	JEASE RETURN EXTRA COPY(S) FILE STAMPED
Updater		
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Acknowledgment		6
W.P. Veriller		

CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT RUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name o	born Securities Incorporated of corporation: the word "INCORPORATED," "Cabbreviations of like import in language, as will a natural person or partnership if not so contains	clearly indicate that it is a corporation
2. <u>Del</u>	laware (State or country under the law of which it is i	ncomprated)
n Aum	•	Perpetual
	of Incorporation)	(Duration)
_ `	•	,
The Corbut has and (1)		ber, if applicable) -dealer in Florida since January 1, 1992, pursuant to the terms of subsections(f) ate the transaction of business in Florida.
(Date first t	transacted business in Florida. See sections 6	07.1501, 607.1502, and 817.155, F.S.)
	adway, Suite 1650, New York, New York 100	
To engate to the security consent (Brief description)	age in any lawful act or activity for whi laws of the State of Florida, more specified. The corporation shall have engaged the consent the provided by law without such consent into the nature of the business in which it	ch corporations may be organized purusant fically, to act as a broker-dealer in any act or activity requiring any or approval first being obtained. is engaged in the state of Florida)
	and addresses of officers and or directors:	•
	ectors:	
Chairman:		55 DIV
Address:	150 East 69th Street	
	New York, NY 10021	
Vice Chairn Address:	man: None	FILED EXPORTANT FILED 12:53
Director: Address:	Michael S. Sege	···
	11 East 86th Street, Apt. 19B	
Director: Address:	New York, NY 10028	

Address:	11 East Hoth St	reet. Apt. 19H			
, • • • • • •	Hew York, HY 1	0028			
rice Preside	ont:				
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				114 5.5	둺
	George D.F. Lamb	born treet, Apt. 5-G			77
ddress:					ار ان (
	New York, NY 10	0021			<u> "!io</u>
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ddress: _	601 6th Street		······································	,	
	Brooklyn, NY 11	1215			·····
	Name:	of Florida registered C T CORPOR C T Corporation System	ATION SYSTEM		
	Name:	•	ATION SYSTEM , 1200 South Fine Is	land Road	
Offi Regist Havin sted corpo registered ovisions of	Name:c/c ce Address:c/c ered agent's accep g been named as re- ration at the place do agent and agree to fall statutes relative t	CT CORPOR CT Corporation System Plantation tance: gistered agent and to a asignated in this applic act in this capacity. If to the proper and comp	ATION SYSTEM , 1200 South Pine Is , Florida accept service of pation, I hereby accepted agree to collete performance	33324 Zip Cod process for to cept the appropriate the control of my dutie	he abo
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(FLA. - 2189)

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAMBORN SECURITIES INCORPORATED" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JANUARY, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF STATE DIVISION OF CORPORATION 95 JAN 10 PM 2: 53



Edward J. Freel, Secretary of State

AUTHENTICATION.

7368107

950005351

2015672 8300

DATE.

01-09-95

PLEASE READ ALL INSTRUCTIONS DEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

FILED

96 SEP 26 PH 4 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

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U. Сокриндвий Нато

LAMBORN SECURITIES INCORPORATED

Procqui Place of Dosmosa

61 DROADWAY, BUITE 1650 NEW YORK NY 10008 Mading Addrains

61 BROADWAY, SUITE 1650 NEW YORK NY 10006

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REINSTATEMENT Of a If above addresses are incorrect in any way, tine through incorrect information and unfor correction below 2 New Principal Office Arkitrise, If Applicable 3 New Mining Office Address, If Applicable Date Incorporated or Qualified To De Business in Florida 01/10/1995 Soiln, Apt # etc 5 FEI Nomber Applied For 13-3183829 City & State City & State Not Applicable Ζiρ Country \$8.75 Additional Fee raqu Zin for a Certificate of Sla 7 Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers an Per Directors Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zio CS LAMBORN, GEORGE 150-E-09TH-9T: NEW YORK NY 10021-360 8.57th St DP SEGAL, MICHAEL S 11 EAST 86TH ST., APT. 198 **NEW YORK NY 10028** T ROSELLI, JOHN A 601 6TH ST. **BROOKLYN NY 11215** 800001-9-7-3698---4 -10/15/96--01053--006 ****383.75 ****383.75 6. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Namo CT CORPORATION SYSTEM Street Address (P.O. Box Number la Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 32324 Suite, Apl. #, Etc. Zip Code 10. I, being appointed the registered agont p the above named corporation and arminar soluZA ccept the obligations of Section 607.0505, F.S. Signature of ASSISTANT SECRETARY Registered Agent REGISTERED AGENT MUST SIGN Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes.

12 I certify that I are an officer or director or the receiver or trusted empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when Illing 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:

HALL CE WOULD -

9-7

213.361.8301