

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

*Handwritten initials*

00 NOV -3 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # F95000000653

1. Corporation Name

HILL THOMPSON MAGID & CO., INC.

Principal Place of Business

Mailing Address

15 EXCHANGE PL  
800  
JERSEY CITY NJ 07302  
US

15 EXCHANGE PL  
800  
JERSEY CITY NJ 07302  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/08/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-5142120

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	BROY, ANTHONY	80 PARK AVE #5E	HOBOKEN NJ 07030
S	<del>BIGGERSTAFF, SYLVIA</del>	<del>80 PARK AVE #5E</del>	<del>HOBOKEN NJ 07030</del>
P	NICK PONZIO	15 Exchange PL	Jersey City NJ 07302
CRD	Nancy Cooper	115 OLD Court House Rd	Dan Hyman Pl. NY 10040
			300003478593--8
			-11/28/00--01079--008
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES STREET  
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 REQUIRED

Date

REGISTERED AGENT MUST SIGN

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., 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

201-  
10/23/00 434-6900

CR2ED40 (8/00)

HILL, THOMPSON, MAGID & CO., INC.

Since 1932

Member NASD/SIPC

Suite 800: 201-434-6900 Executive Offices: 201-434-6900  
15 Exchange Place, Trading: 212-233-2200  
Jersey City, NJ 07302-3912 Fax: 212-233-2206

October 23, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Hill Thompson Magid & Co., Inc.  
Ein 13-5142120

Dear Sir or Madam:

I am the new Chief Financial Officer of Hill Thompson Magid & Co., Inc. Enclosed is our check in the amount of \$150.00. Also enclosed is our application for reinstatement.

I apologize for the delay and tardiness of the enclosed, however, there have been unusual circumstances. Our Corporate secretary, Ms Sylvia Biggerstaff, who would have taken care of this type of responsibility, passed away earlier this year, and I had not received any prior communications regarding our annual filing fee.

I respectfully request, under the circumstances that any penalty amounts be waived. Thank you in advance for your time and consideration in this matter.

Sincerely,

  
Nancy J. Cooper  
Chief Financial Officer