PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC 02 PM 1:36

DOCUMENT # F95000003552

Corporation Name

FIMAT FUTURES USA, INC.

Principal Place of Business	Mailing Address
4 WORLD TRADE CTR #5200 NEW YORK NY 10042	SAME SUITE 3450 CHICAGO IL 60602 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
630 5th Ave	Suite, Apt. #, etc.
Suite, Apt. #, etc. New York, NY 10111	City & State
City & State	Zip / Country
Country / Zip	

4. Date Incorporated or Qualified To Do Business in Florida: 07/24/1995

5. FEI Number: 36-3620984 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

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-12/09/99--01053--020
****75.00 ****750.00

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State, Zip
	BREILLOUT, MARK	4 WORLD TRADE CTR	NEW YORK NY
EM	ZELTWANGER, CYNTHIA	181 WEST MADISON ST., SUITE 3450	CHICAGO IL
	DEWAAL, GARY	4 WORLD TRADE CTR	NEW YORK NY
CFO	GOLOFLAM, JEFFERY	4 WORLD TRADE CTR	NEW YORK NY
	BERGAN, STEPHAN	4 WORLD TRADE CTR	NEW YORK NY
T	BRDA, NANCY	181 W. MADISON ST, SUITE 3450	CHICAGO IL 60602

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

8. Name and Address of New Registered Agent

Name: REINSTATEMENT
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City: C.COULLIETTE DEC 03 1999
State: FL Zip Code

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: Jonathan R. Giddings Assistant Secretary Date: 10/15/99
REGISTERED AGENT MUST SIGN

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: _____ 10/14/99 212-504-7410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #