

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F97000000071

1. Corporation Name

M.S. FARRELL & COMPANY, INC.

Principal Place of Business

67 WALL ST.  
NEW YORK NY 10005

Mailing Address

67 WALL ST.  
NEW YORK NY 10005

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

01/06/1997

5. FEI Number

13-3529438

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	GALLO, THOMAS A	67 WALL ST.	NEW YORK NY 10005
DC	<del>SCHACKER, MARTIN F</del> BRENDAN REMPEL	67 WALL ST.	NEW YORK NY 10005

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name  
PASQUALE, PAOLINI  
Street Address (P.O. Box Number is Not Acceptable)  
2400 E Commercial Blvd  
Suite Apt. #, Etc.  
612  
City  
Ft. Lauderdale  
State  
FL  
Zip Code  
33308

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

10/19/00

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DIRECTOR OF COMPLIANCE

Date

Daytime Phone #

10/17/00 (612) 495 0140

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 00

CR2004 (8/00)