

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F97000000542

1. Corporation Name

D.H. BLAIR CAPITAL COROPRATION

Principal Place of Business

44 WALL ST., 2ND FLOOR  
NEW YORK NY 10005

Mailing Address

44 WALL ST., 2ND FLOOR  
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/31/1987

5. FEI Number

13-3882422

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A 11/1/99 and  
for a certificate of \$4.00

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
PCEO	DAVIS, J M	44 WALL ST., 2ND FLOOR	NEW YORK NY 10005
S	BELL, MARTIN A	44 WALL ST., 2ND FLOOR	NEW YORK NY 10005
T	NACHAMIE, DAVID	44 WALL ST., 2ND FLOOR	NEW YORK NY 10005
V	BROWN, ALISON	44 WALL ST., 2ND FLOOR	NEW YORK NY 10005
			600003050106--2 -11/19/99--01087--009 ***758.00 ***750.00 LS

8. Name and Address of Current Registered Agent

BEYER, RUSSELL T ESQ  
2888 E. OAKLAND PARK BLVD.  
FT LAUDERDALE FL 33306

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11/1/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alison D. Brown

Date

10/15/99

Daytime Phone #

212-495-4000