

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000004828**

1. Corporation Name

**BRILL SECURITIES, INC.**

Principal Place of Business

Mailing Address

152 WEST 57TH ST.  
NEW YORK NY 10019

152 WEST 57TH ST.  
NEW YORK NY 10019

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

09/16/1997

5. FEI Number

13-3363538

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
C	BROWN, ROBERT B	152 WEST 57TH ST.	NEW YORK NY 10019
DP	KURTIN, JONATHAN B	152 WEST 57TH ST.	NEW YORK NY 10019
DS	NUTKIS, DAVID	152 WEST 57TH ST.	NEW YORK NY 10019
T	BROWN, NICHOLAS	152 WEST 57TH ST.	NEW YORK NY 10019

800023820028

10/15/03--01059--017 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Lynette Coleman*  
REGISTERED AGENT MUST SIGN

**Lynette Coleman**  
as its agent

Date

10/13/2003

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:

*Robert B Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/2003

Daytime Phone #

212 957 2454

CR2E040 (7/03)

# BRILL SECURITIES, INC.

Member NASD, MSRB, SIPC

152 West 57th Street  
New York, NY 10019  
Tel: 212-957-5700

October 10, 2003

Division of Corporations  
Annual Report/ Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: Applications for Reinstatement  
FEI #: 13-3363538

To Whom It May Concern:

Enclosed please find Florida Department of State reinstatement form signed by Robert Brown and our Registered Agent. Included is also a check in the amount of \$150 payable to Department of State.

Please be advised that Brill Securities, Inc. did not receive a first or second notice to file the annual report/uniform business report.

Please accept the application and payment and reinstate Brill Securities Inc. to an active status.

If you have any questions please feel free to contact our office.

Sincerely,



Robert Brown