

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

00 OCT 20 PM 12:22

DOCUMENT # F98000001237

1. Corporation Name

STANDARD NEW YORK SECURITIES, INC.

Principal Place of Business

153 EAST 53RD STREET
38TH
NEW YORK NY 10022

Mailing Address

153 EAST 53RD STREET
38TH
NEW YORK NY 10022



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

REINSTATEMENT

To Do Business in Florida

03/03/1998

5. FEI Number

13-3740371

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SCLATER-BOOTH, NEIL L	153 EAST 53RD STREET, 38TH FLOOR	NEW YORK NY 10022
SD	PRINSLOO, PIETER	CANNON BRIDGE HOUSE, 25 DOWNGATE	LONDON, ENGLAND EC4R 2SB
D	O'CONNOR, SEAN	153 EAST 53RD STREET, 38TH FLOOR	NEW YORK CITY NY 10022

900003455499--9
-11/07/00--01091--006
****750.00 ****750.00

\$10/30

8. Name and Address of Current Registered Agent

OLIN, KEITH
MORGAN, LEWIS & BOCKIUS, LLP
200 S. BISCAYNE BLVD., #5300 1ST UNION FIN
MIAMI FL 33131-2339

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/15/00

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEIL L. SCLATER-BOOTH

10-13-00

Date

212-407-5000

Daytime Phone #

CR2040 (8/00)