

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 28 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000001237**

1. Corporation Name

**STANDARD NEW YORK SECURITIES, INC.**

Principal Place of Business

320 PARK AVENUE, 19TH FLOOR  
NEW YORK NY 10022

Mailing Address

320 PARK AVENUE, 19TH FLOOR  
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

4. Date Incorporated or Qualified  
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

**REINSTATEMENT**

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
<del>PS</del>	<del>SOLATER-BOOTH, NEIL L</del>	<del>320 PARK AVENUE, 19TH FLOOR</del>	<del>NEW YORK NY 10022</del>
<del>D</del>	<del>PRINSLOO, PIETER C</del>	<del>CANNON BRIDGE HOUSE, 25 DOWNGATE</del>	<del>LONDON, ENGLAND EC4R 2SB</del>
V	WALIN, PETER	1001 BRICKELL BAY DRIVE, STE 320	MIAMI FL 33131
V	DONNELLY, KIERAN	320 PARK AVENUE, 19TH FLOOR	NEW YORK NY 10022
V	JAY, EVAN	320 PARK AVENUE, 19TH FLR	NEW YORK NY 10022
DVS	MAARTENS, ALBERTUS	320 PARK AVENUE, 19TH FLOOR	NEW YORK NY 10022
X P	FIELDS, BRUCE	320 PARK AVENUE, 19TH FLOOR	NEW YORK NY 10022
V	SEPHTON, BRIAN	1001 BRICKELL BAY DRIVE, STE. 32	MIAMI FL 33131

8. Name and Address of Current Registered Agent

SEPHTON, BRIAN  
1001 BRICKELL BAY DRIVE, #3200  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

300024208698

Suite, Apt. #, Etc.

10/28/03--01054--017 \*\*1500.00

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

**SIGNATURE** *Brian Sephton*

REGISTERED AGENT MUST SIGN

Date **10/21/03**

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** *Brian Sephton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/21/03**

Daytime Phone #

CR2E040 (7/03)