


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

07 NOV 29 PH 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

F98000002389
Northeast Securities OF
NEW YORK, INC.

REINSTATEMENT *03-07*

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # 333 Earle Ovington Blvd		3. Mailing Office Address 333 Earle Ovington Blvd	
Suite, Apt. #, etc. 7th Floor		Suite, Apt. #, etc. 7th Floor	
City & State Mitchel Field, NY		City & State Mitchel Field, NY	
Zip 11553	Country USA	Zip 11553	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **12/14/1989**

5. FEI Number **11-2997095**

Applied For	
Not Applicable	

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Farruggio, Thomas

Street Address (P.O. Box Number is Not Acceptable)
9435 Larkbunting Drive

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33647

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/17/07**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Perrone, Stephen	55 Brixton Road	Garden City, NY 11530

600112700426
11/29/07--01043--019 **1350.00

10. 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 contained in Chapter 119, 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:

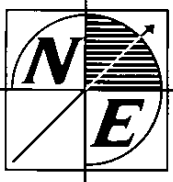
Steve Perrone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/27/07

Daytime Phone #



Northeast
Securities, Inc.
Member NASD-SIPC

Home Office:
Omni Building
333 Earle
Ovington Blvd.
Suite 706
Mitchel Field
New York
11553-3645

Tel: 516-
396-1600

Fax: 516-
396-1635

e-mail:
northeast@
nesec.com

website:
www.
nesec.com

November 28, 2007

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Corporation Reinstatement – FEI Number 112997095

Attn: Document Review

Attached is a signed copy of the Corporation Reinstatement application and the annual fee for the years 2003 through 2007.

Please call me if you have any questions. My telephone number is 516-396-1645.

Sincerely,

Karleen Lown
Associate Compliance Director

Enclosure