

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 FEB 13 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000002991**

1. Corporation Name

Meyers-Janssen Securities Corporation

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
45 Broadway		45 Broadway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
2nd Floor		2nd Floor	
City & State		City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10006	USA	10006	USA

4. Date Incorporated or Qualified To Do Business in Florida	
May 27, 1998	
5. FEI Number	Applied For
F98000002991	Not Applicable
6. CERTIFICATE OF STATUS DESIRED	58.75 Additional Fee required for a Certificate of Status
Yes	

7. Name and Address of Current Registered Agent	
Name	
National Corporate Research, Ltd.	
Street Address (P.O. Box Number is Not Acceptable)	
155 Office Plaza Drive	
Suite, Apt. #, Etc.	
City	State Zip Code
Tallahassee	FL

900243929219
01/23/13--01017--004 **750.00
900243929219
02/13/13--01023--026 **150.00

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	Date
<i>Bruce Meyers</i> - Asst. Secretary	1/17/13
REGISTERED AGENT MUST SIGN	

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
President	Bruce Meyers (P)	45 Broadway, 2nd Floor	New York, NY 10006
Director	Bruce Meyers (D)	45 Broadway, 2nd Floor	New York, NY 10006
REINSTATEMENT			
FEB 13 2013			
R. HUNT			

10. E-mail Address: bmeyers@meyersassociateslp.com	
(To be used for future annual report notification)	
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	
SIGNATURE:	212-742-4200
<i>Bruce Meyers</i>	1/17/13
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	
Daytime Phone #	