

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 25, 2003 8:00 A.M.
Secretary of State

DOCUMENT # F98000002991

1. Corporation Name

MEYERS-JANSSEN SECURITIES CORP.

000022352320
08/15/03--01057--030 **900.00

2. Principal Office Address

45 Broadway

Suite, Apt. #, etc.

2nd Floor

City & State

New York, New York

Zip

10006

Country

USA

3. Mailing Office Address

45 Broadway

Suite, Apt. #, etc.

2nd Floor

City & State

New York, New York

Zip

10006

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

May 27, 1998

5. FEI Number

13-3713535

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

National Corporate Research, Ltd., Inc.

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

103 N. Meridian Street

Suite, Apt. #, etc.

City

Tallahassee

State

FL

Zip Code

32301

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

B. Buscema

Date

7-24-03

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
P/S/ T/D	Bruce Meyers	45 Broadway, 2nd Floor	New York, New York 10006
V	I. Raana Khan	45 Broadway, 2nd Floor	New York, New York 10006

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 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRUCE MEYERS, President

7-23-03

Date

212-742-4200

Daytime Phone #

CR2E081 (10/02)