OCT-21-1999 10:49 C.T CORP 1 212 247 2882 P.02/04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 29 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99

DO NOT WRITE IN THIS SPACE

DOCUMENT # F98000003670

1. Corporation Name
UBS AG Florida Agency

Principal Place of Business
45 Bahnofstrasse
Zurich, Switzerland

Mailing Address
Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
701 Brickell Avenue		701 Brickell Avenue	
Suite, Apt. #, etc.: Suite 3250		Suite, Apt. #, etc.: Suite 3250	
City & State: Miami, Florida		City & State: Miami Florida	
Zip: 33131	Country: U.S.	Zip: 33131	Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 98-0186363 ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
Managing Director	Richard Capone	299 Park Avenue	New York, NY 10171
Managing Director	Robert Dinerstein	299 Park Avenue	New York, NY 10171
Executive Director	Louis Eber	299 Park Avenue	New York, NY 10171

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*****750.00 *****750.00

8. Name and Address of Current Registered Agent

CT Corporation
1200 South Pine Island Road
Plantation, Florida 33324

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

CR2E040 (12/95)

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: Connie Bryan, Connie Bryan, Asst. Secy. Date 10-29-99
REGISTERED AGENT MUST SIGN

11. **Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.** Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Robert C Dinerstein MANAGING DIRECTOR 10/25/99 212-821-3302
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PL010 - CT System Online ROBERT C. DINERSTEIN