

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAR 19 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

F98000005805

000014450328  
03/24/03--01001--026 \*\*900.00

Pan-American Financial Securities Sales Company

2. Principal Office Address

601 Poydras ST.

Suite, Apt. #, etc.

SUITE #2600

City & State

NEW ORLEANS, LA

Zip

70130

Country

USA

3. Mailing Office Address

601 Poydras ST.

Suite, Apt. #, etc.

SUITE #2600

City & State

NEW ORLEANS, LA

Zip

70130

Country

USA

REINSTATEMENT

02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

72-1009902

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

CT Corporation System

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

PLANTATION

State  
FL

Zip Code

33324

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

Patrick C. Toole

Date 2/13/03

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
PRES	PENE LONO	601 Poydras ST., #2600	NEW ORLEANS, LA 70130
VP	Patrick Toole	601 Poydras ST., #2600	NEW ORLEANS, LA 70130
Treas	Philip Straub	601 Poydras ST., #2000	NEW ORLEANS, LA 70130
Sec.	WILLIAM T. STEEN	601 Poydras ST., 12th FL	NEW ORLEANS, LA 70130

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:

Patrick C. Toole (CCO)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03 504.566.3547

Date

Daytime Phone #

2/13/03