

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 FEB -8 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000006183

1. Corporation Name

TERRA SECURITIES CORPORATION

Principal Place of Business

200 N. MARTINGALE ROAD, 7TH FLOOR
SCHAUMBURG IL 60173-2096

Mailing Address

~~200 N. MARTINGALE ROAD, 7TH FLOOR
SCHAUMBURG IL 60173-2096~~
6610 W. Broad St
Richmond, Va 23230

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

Date Incorporated or Qualified
To Do Business in Florida

11/09/1998

5. FEI Number

36-3120284

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	REEDY, DAVID	2015 SPRING RD., STE. 550	OAK BROOK IL 60523
V	MINDEL, NORBERT	2015 SPRING RD., STE. 550	OAK BROOK IL 60523
D	BUDDLE, JAMES	6604 W. BROAD ST.	RICHMOND VA 23230
D	CURTIS, SCOTT	6610 W. BROAD ST.	RICHMOND VA 23230
T	PRIZZIA, GARY T	6620 W. BROAD ST.	RICHMOND VA 23230
D	REEDY, DAVID S	2015 SPRING RD #550	OAK BROOK IL 60523

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

7000004916697-1

-02/13/02--01089--009

****908-75 state zip code

FL

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

Signature Required
REGISTERED AGENT MUST SIGN

Date

2/7/02

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., 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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-02

CR2E040 (8/01)



ACCOUNT NO. : 072100000032

REFERENCE : 424565 7192809

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : February 7, 2002

ORDER TIME : 12:58 PM

ORDER NO. : 424565-005

CUSTOMER NO: 7192809

CUSTOMER: Ms. Anita Matos
Ge Financial Assurance
6610 West Broad Street

Richmond, VA 23230

REINSTATEMENT

NAME: TERRA SECURITIES CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
EXAMINER'S INITIALS _____

RECEIVED
02 FEB -8 PM 2:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA