

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 29 AM 9:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J399171

1. Corporation Name

J39171
Integrated Clearing Solutions Inc.

2. Principal Office Address

40 Wall Street

Suite, Apt. #, etc.

26th Floor

City & State

New York, NY

Zip

10005

Country

USA

3. Mailing Office Address

40 Wall Street

Suite, Apt. #, etc.

26th Floor

City & State

New York, NY

Zip

10005

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/86

5. FEI Number

133447969

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

CT Corporation Systems

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

1200 South Pine Road

Suite, Apt. #, Etc.

City

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

Date

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	Robert Malin	40 Wall Street, 26th Floor	New York, NY 10005
Sec/Tr	Steven Malin	40 Wall Street, 26th Floor	New York, NY 10005
Dir	Robert Malin	40 Wall Street, 26th Floor	New York, NY 10005
Dir	Steven Malin	40 Wall Street, 26th Floor	New York, NY 10005

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)(l), 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:

Robert Malin

Robert Malin, President

5/23/03

212-422-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

5/20



A. B. WATLEY, INC.

May 27, 2003

VIA MAIL

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: (Integrated Clearing Solutions Inc.)—Letter of Reinstatement

To Whom It May Concern:

As we were advised by a member of your staff, this letter is to inform you of our non-receipt of the previous 2002 uniform business reports. Accordingly, we request that the late fee be waived.

Enclosed is a \$300 check for payment of the reinstatement fee.

Should you have any questions or concerns, please feel free to contact the undersigned at (212) 422-1100 ext. 5223.

Thank you.

Sincerely yours,

Kimberly Cortez
Compliance Department