

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

MO2000002441

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1. DOCUMENT # M02000002441

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0015567 01 MB 0.309 **AUTO TB 0 0615 19103-321485

SOVEREIGN SECURITIES CORPORATION, LLC

2000 MARKET STREET, SUITE 710 1500 MARKET ST
PHILADELPHIA PA 19103-3214
19102



2. New Mailing Address 1500 MARKET STREET, CONCOURSE LEVEL City, State, Zip PHILADELPHIA, PENNSYLVANIA 19102		4. State/Country of Formation PA	
Principal Place of Business 2000 MARKET STREET, SUITE 710 PHILADELPHIA PA 19103-3214		3. New Principal Place of Business Address 1500 MARKET ST, CONCOURSE City, State, Zip PHILADELPHIA PA 19102	
		5. Date Organized or Qualified To Do Business in Florida 09/17/2002	
		6. FEI Number 23-3069627	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
		Applied For Not Applicable	
		\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent BARRY, JOHN J III 2 NORTH TAMiami TRAIL ONE SARASOTA TOWER, SUITE 300 SARASOTA FL 34236		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent John J. Barry III **SIGNATURE REQUIRED** Date 10/20/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CALLA, JAMES J	2000 MARKET STREET, SUITE 710 1500 MARKET ST, CONCOURSE	PHILADELPHIA PA 19102
MGRM	BASS, WILLIAM M	2000 MARKET STREET, SUITE 710 1500 MARKET ST, CONCOURSE	PHILADELPHIA PA 19102
REINSTATEMENT 03 100024098021 10/24/03-01072-017 **150.00			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager William M. Bass **SIGNATURE REQUIRED** Date 21 OCT '03 Daytime Phone # 267.256.2818

Typed or printed name of signing Managing Member/Manager WILLIAM M. BASS