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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000003263
Name and Mailing Address

0015430 01 MB 0.309 **AUTO T7 0 0615 10801-656004
DINOSAUR SECURITIES, L.L.C.
56 HARRISON STREET
SUITE #404
NEW ROCHELLE NY 10801-6560

CR2E084 (7/03)

2. New Mailing Address
DINOSAUR SECURITIES LLC, 443 PARK AVE. SOUTH
City, State, Zip
SUITE # 501, NYC, NY 10016

4. State/Country of Formation
DE

5. Date Organized or Qualified To Do Business in Florida
12/09/2002

Principal Place of Business
56 HARRISON STREET
SUITE #404
NEW ROCHELLE NY 10801

3. New Principal Place of Business Address
443 PARK AVE SOUTH, SUITE #501
City, State, Zip
NYC, NY 10016

6. FEI Number
13-4123021
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. **Name and Address of Current Registered Agent**

GROSSMAN, GLENN
2 S. BISCAYNE BLVD.
SUITE 1600
MIAMI FL 33131

9. **Name and Address of New Registered Agent**

Name

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

800024391098
11/03/03--01096--014 **155.00

City FL Zip Code

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 SIGNATURE REQUIRED Date 10/27/03
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
MGEM	GROSSMAN, GLENN	2 S. BISCAYNE	NEW ROCHELLE NY 10801

AMENDMENT 03 cw dcc

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/Manage SIGNATURE REQUIRED Date 10/27/03 Daytime Phone # 212-448-9944

Typed or printed name of signing Managing Member/Manager Glenn Grossman