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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

07 MAY 18 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # M99000001463

1. Limited Liability Company's Name
Janney Montgomery Scott LLC

2. Principal Office Address - No P.O. Box #
1801 Market Street

3. Mailing Office Address

Suite, Apt. #, etc.
10th Floor

Suite, Apt. #, etc.

City & State
Philadelphia, PA

City & State

Zip
19103

Country
USA

Zip

Country

4. State/Country of Formation
Delaware

5. Date Organized or Qualified
To Do Business in Florida 09/16/1999

6. FEI Number
230731260

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

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation,

State
FL

Zip Code
33324

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. 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
Ann J. Williams

ANN J. WILLIAMS
Assistant Vice President Date May 9, 2007

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	See Attached List		40010219150 05/24/07--01024--001 **200.00

REINSTATEMENT 06-07

11. 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
Howard Scherer

Date 5/9/07 Daytime Phone # 215-665-6422

Typed or printed name of signing Managing Member/Manager Howard Scherer

Jef J

FILED.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**JANNEY MONTGOMERY SCOTT LLC
BOARD OF MANAGERS**

Robert E. Chappell
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