

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

VAN BUREN SECURITIES LLC

00 NOV -9 PM 1:02

REINSTATEMENT 2000

2. Principal Office Address

216 W. JACKSON BLVD

Suite, Apt. #, etc.

950

City & State

CHICAGO IL

Zip

60606

Country

USA

3. Mailing Office Address

216 W. JACKSON BLVD

Suite, Apt. #, etc.

950

City & State

CHICAGO IL

Zip

60606

Country

USA

4. State/Country of Formation

ILLINOIS

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

36-4110935

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

ADAM ROSS

400003478694-3

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

6700 N ANDREWS

-11/28/00==01085==005

****150.00 ****150.00

Suite, Apt. #, etc.

404

City

FT. LAUDERDALE

State

FL

Zip Code

33309

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

REGISTERED AGENT MUST SIGN

Date

11/6

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
MEM	JEFFREY WOLFSON	216 W. JACKSON BLV #950	CHICAGO, IL, 60606

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

Date

10/19

Daytime Phone #

(312) 977 2850

Typed or printed name of signing Managing Member/Manager

Jeffrey A. Wolfson