

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 MAR 30 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023829

1. Corporation Name

Securities Investment Bankers, Inc.

2. Principal Office Address

34 Rue De L'Athenee1206

Suite, Apt. #, etc.

City & State

Geneva

Zip  
XX

Country

Switzerland

3. Mailing Office Address

34 Rue De L'Athenee1206

Suite, Apt. #, etc.

City & State

Geneva

Zip  
XX

Country

Switzerland

**REINSTATEMENT**

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

03/05/2001

5. FEI Number

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

Marc Launer

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

333 Sunset Drive

Suite, Apt. #, Etc.

STE 1007

City

Ft. Lauderdale

State

FL

Zip Code

33301

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

*Marc Launer*

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
DP	Lyonel Nurock	34 Rue De L'Athenee1206	Geneva, Switzerland

100069977031  
04/10/06--01083--014 \*\*450.00

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 contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

292

March 12, 2006

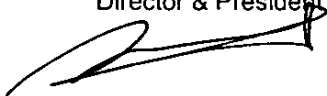
Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find the corporation reinstatement form for **Securities Investment Bankers, Inc.** and all applicable fees due. Per your tax department we are omitting the reinstatement fee of \$450.00 since we did not receive official notification of the company's dissolution.

Best regards,

Lyonel Nurock  
Director & President

A handwritten signature in black ink, appearing to read 'Lyonel Nurock', is written over the printed name and title.