

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUL -1 PM 12:53

**DOCUMENT # P01000092694**

**1. Corporation Name**

Dorchester Financial Securities, Inc.

2 Pennsylvania Plaza  
2 Pennsylvania Plaza

**2. Principal Office Address**

2 Pennsylvania Plaza

**3. Mailing Office Address**

2 Pennsylvania Plaza

Suite, Apt. #, etc.

Suite 1500 c/o T.J. Morrow, Esq.

Suite, Apt. #, etc.

Suite 1500 c/o T.J. Morrow, Esq.

City & State

New York, NY

City & State

New York, NY

Zip

10121

Country

USA

Zip

10121

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/21/2001

**5. FEI Number**

36-4468442

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

NATIONSCORP REGISTERED-AGENTS, INC.

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

526 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

**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

*Alison Hand, ASST SEC*  
INC855

REGISTERED AGENT MUST SIGN

Date 7-1-04

**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
P/D	Stanley Ford	484 W. 43rd Street, Suite 36 S	New York, NY 10036
V/D	TJ Morrow	301 Cathedral Parkway, Suite 2V	New York, NY 10026
V/D	Gordon Mascarenhas	233 Robinson Street, Oakville	Oakville, Canada L6J4Z5
S	Patricia Brown	5301 Botany Bay Drive	Raleigh, NC 27601

**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 under section 119.07(3)(i), 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

June 30, 2004

Date

Daytime Phone #

917 302 5610

CR2E001 (07/04)