

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000139862	
1. Entity Name WALL STREET SECURITIES, INC.	



FILED

09 FEB -5 AM 11: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1016 CLEMMONS STREET SUITE 302 JUPITER, FL 33477	Mailing Address 1016 CLEMMONS STREET SUITE 302 JUPITER, FL 33477
---	---

2. Principal Place of Business - No P.O. Box # 601 SEAFARER CIRCLE	3. Mailing Address 601 SEAFARER CIRCLE
Suite, Apt. #, etc. SUITE 402	Suite, Apt. #, etc. SUITE 402
City & State JUPITER, FL	City & State JUPITER, FL
Zip 33477	Country US



REINSTATEMENT CR2E098 (1/07) 08

4. FEI Number 20-3785532	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TURNER, RICHARD C 4200 OAK ST. PALM BEACH GARDENS, FL 33418	7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code
--	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Richard C. Turner DATE 12/19/2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURNER, RICHARD C 4200 OAK ST PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300142890753 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02705/09--01009--018 **2100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS RICHMOND, BARNEY A 1016 CLEMMONS ST. SUITE 302 JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS RICHMOND, BARNEY A 601 SEAFARER CIRCLE #402 JUPITER, FL 33477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	07215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

SIGNATURE: Barney A. Richmond **Barney A. Richmond - President** 12/19/2008 561-429-8704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #