

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

97 DEC -2 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05498

1. Corporation Name

MARINE MIDLAND SECURITIES, INC.

Principal Place of Business

Mailing Address

250 PARK AVE.  
4TH FLOOR  
NEW YORK NY 10177

250 PARK AVENUE -  
4TH FLOOR -  
NEW YORK NY 10177 -  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

140 Broadway  
11 Floor

City & State New York NY

Zip 10005 Country USA

3. New Mailing Office Address, If Applicable

140 Broadway  
11 Floor

City & State New York NY

Zip 10005 Country USA

REINSTATEMENT 97

4. Date Incorporated or Qualified  
To Do Business in Florida

03/29/1985

5. FEI Number

13-5101370

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip           |
|---------------|-------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------|
| D             | OLTON, PETER                              | 250 PARK AVENUE 4TH FLOOR<br>140 Broadway, 11 Floor                                            | NEW YORK NY<br>10005              |
| CFCC<br>CEO/D | BEGA, JEFFREY                             | 250 PARK AVENUE 4TH FLOOR<br>140 Broadway, 11 Floor                                            | NEW YORK NY<br>10005              |
| D             | WAGMAN, ALAN                              | 250 PARK AVE 4TH FLOOR<br>140 Broadway, 11 Floor                                               | NEW YORK NY<br>10005              |
| CEO<br>CFO    | ALMQUIST, KAREN                           | 250 PARK AVENUE 4TH FLOOR<br>140 Broadway, 11 Floor                                            | NEW YORK NY<br>New York, NY 10005 |
| D<br>CEO      | THACHER, JAMES                            | ONE MARINE MIDLAND CENTER<br>1 Marine Midland Center, 27 Floor                                 | BUFFALO NY<br>Buffalo, NY 14203   |
| D<br>CLO      | TUNG, GEA                                 | ONE MARINE MIDLAND CENTER                                                                      | BUFFALO NY                        |
| D             | BLOCK, STEVEN                             | ONE MARINE MIDLAND CENTER                                                                      | BUFFALO NY                        |

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET

TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

500002367405--9

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

12/09/97 01105-001  
\*\*\*750.00 \*\*\*750.00

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

GAIL SHELBY

Date

12/1/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on Intangible tax.)

12. 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

JEFFREY BEGA  
CEO/DIRECTOR

Date

Daytime Phone #

(212) 658-7504

CR2ED40 (8/97)