

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 DEC 14 AM 11: 20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P07280

1. Corporation Name

J.P. MORGAN SECURITIES INC.

Principal Place of Business

Mailing Address

60 WALL STREET  
NEW YORK NY 10260

60 WALL STREET  
NEW YORK NY 10260



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/03/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3224016

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
MD	THIEKE, STEPHEN G	60 WALL STREET	NEW YORK NY 10260
SMD	ROBBINS RACHEL F.	60 WALL STREET	NEW YORK NY 10260
CP	ROSE, CLAYTON S.	60 WALL STREET	NEW YORK NY 10260
VCMD	ROHATYN, NICOLAS S	60 WALL STREET	NEW YORK NY 10260
MD	TRUNZ, CHARLES M III	60 WALL STREET	NEW YORK NY
VCMD	HANCOCK, PETER D	60 WALL STREET	NEW YORK NY 10260

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #: Etc. 700003514927-0  
City -12/27/00-01080-002  
\*\*\*758.75 State Zip \*\*\*758.75  
FL

10. I, being appointed the registered agent of the above named corporation, am Patrick A. Nolan Assistant Secretary

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/20/2000

11. 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.

KE

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicolas Rohatyn

NICOLAS S. ROHATYN 12/12/2000

Date

Daytime Phone #