

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P10825

1. Corporation Name

MCLAUGHLIN, PIVEN, VOGEL SECURITIES, INC.

Principal Place of Business

30 WALL STREET  
NEW YORK NY 10005

Mailing Address

30 WALL STREET  
NEW YORK NY 10005

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/31/1986

5. FEI Number

13-2887111

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
CEO	MCLAUGHLIN, JAMES C	1325 AIR MOTIVE WAY - SUITE 175	REMP MV 89502
P	VOGEL, ALLAN M	3 LIBERTY BELL COURT	EAST BRUNSWICK NJ 08816
			200003446892--4
			-11/01/00-01053-004
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

NationsCorp Registered Agents, Inc.

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

526 E. Park Avenue  
Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

*Eds* **SIGNATURE REQUIRED**

Date

10/19/00

REGISTERED AGENT-MUST SIGN -

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.

SIGNATURE:

*IRA A. COHEN* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRA A. COHEN, VICE PRESIDENT

10/16/00

Date

212 248 0750

Daytime Phone #

FILED  
00 OCT 20 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT

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CHIEF CLERK (R/01)