| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  |   |   |   |                    |   |   |   |  |
|--|---|---|---|--------------------|---|---|---|--|
| API<br>REIN  | STATEMENT                               |   | DEPARTMEN<br>Katherine Ha<br>Secretary of S                               | State 🔩            |   | VIEL RETAR  | SED<br>OF STATE<br>ORPORATION                                 |  |
| DOCUMENT # P22137  |   |   |   |                    | OINOVIS PM 6:31                                     |   |   |  |
| FIRST MONTAUK SECURITIES CORP.   |   |   |   |                    |   |   |   |  |
| Principal Place of Business Mailing Addre  |   |   |   |                    |   |   |   |  |
| 328 NEWMAN SPRINGS ROAD 328  |   |   | PARKWAY 109 OFFICE CENTER<br>328 NEWMAN SPRINGS ROAD<br>RED BANK NJ 07701 |                    |   |   |   |  |
| 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  |   |   |   |                    | A Data Incomparated or Qualified                    |   |   |  |
|  |   |   |   |                    |   | 4. Date Incorporated or Qualified<br>To Do Business in Florida 12/15/1988 |   |  |
| Suite, Apt. 1  |   | Suite, Apt. #, etc.                                 |   |                    | 5. FEI Number Applied For 11-2644141 Not Applicable |   |   |  |
| City & State   |   | City & State  |   |                    | 6   |   |   |  |
| Zip  | Country                                 | Zip   | Count   | ſŷ                 | CERTIFICATE   |   | \$8.75 Additional Fee required<br>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)<br>1  | Name of Officers<br>and/or Directors    | 3 Street Address of Each<br>Officer and/or Director |   |                    | City / State / Zip                                  |   |   |  |
| PD KURINSKY, HERBERT   |   |   | 328 NEWMAN SPRINGS ROAD   |                    | RED BANK NJ   |   |   |  |
| VST  | Kurinsky, William J.                    | 328 NEWMAN SPRINGS ROAD                             |   | RED BANK NJ        |   |   |   |  |
| D  | KURINSKY, WILLIAM J.                    |   | 328 NEWMAN SPRINGS ROAD   |                    |   | RED BANK NJ   |   |  |
|  |   |   |   | 900047036398       |   |   |   |  |
|  |   |   |   |                    | ****150.0   |   |   |  |
| •  |   |   |   |                    |   |   | R.W28   |  |
| 8. Name and Address of Current Registered Agent Name   |   |   |   |                    | 9. Name and Address of New Registered Agent         |   |   |  |
|  | RPORATION SYSTEM<br>5. PINE ISLAND ROAD | Street Address (P.O. Box Numbe                      |   | is Not Acceptable) |   |   |   |  |
| PLANTATION FL 33324  |   |   | Suite, Apt. #, Etc.   |                    |   |   |   |  |
|  |   |   |   | City               |   |   | State Zip Code  |  |
| 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<br>Registered Agent   |   |   |   |                    |   | Date  |   |  |
| 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: SICALATURE, RECEICED 11/9/2001 732-842-4700<br>SIGNATURE AND TYPED OR PROTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone #   |   |   |   |                    |   |   |   |  |



November 9, 2001

## VIA FEDERAL EXPRESS

State of Florida Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## Re: FIRST MONTAUK SECURITIES CORP.- Application for Reinstatement

Dear Sir/Madam:

We recently received notification that our corporation's registration in Florida has been administratively revoked for failure to file our 2001 Uniform Business Report.

We hereby enclose the reinstatement form and check for \$150, and respectfully request reinstatement as of the revocation date of September 21, 2001. In that regard we advise you that we did not receive any previous notification with respect to the filing of our annual renewal. In previous years, your office would send renewal forms and we would respond in a timely manner. We have been registered as a foreign corporation in good standing in Florida for over ten years.

I spoke with Michele in your office this morning and she advised that I send a letter, together with the enclosed check in the amount of \$150.00. Upon receipt of same, Michele advised me that our file would be reviewed and a decision made on the reinstatement.

In view of the above, we respectfully request reinstatement as of September 21, 2001 without incurring the reinstatement fee.

Should you require any additional information, please do not hesitate to contact me. Thank you for your kind consideration to this request.

Very truly yours atrićia M. Keňny **Registrations Coordinator** 

Fmsc/florida/reinstatementltr2001

Parkway 109 Office Center 328 Newman Springs Road Red Bank, NJ 07701 732.842.4700 800.876.3672

Montauk Financial Group <sup>SM</sup> First Montauk Securities Corp., Member NASD/SIPC

www.montaukfinancial.com