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06/16/00 10:07 P.003/003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

00 JUN 21 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P34801

1. Corporation Name

WHALE SECURITIES CORP.

2. Principal Office Address

650 Fifth Ave.

3. Mailing Office Address

650 Fifth Ave.

Suite, Apt. #, etc.

5th Fl.

Suite, Apt. #, etc.

5th Fl.

City & State

New York.

City & State

New York

4. Date Incorporated or Qualified
To Do Business in Florida

07/26/91

5. FEI Number

13-3165196

Applied For

Not Applicable

Zip

10019

Country

New York

Zip

10019

Country

New York

6. CERTIFICATE OF STATUS DESIRED ☐SR 75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

The Prentice-Hall Corporation System, Inc.

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

60000331232E-0

-07/05/00-01008-002

***1050.00 ***1050.00

a. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Deborah D. Skipper

Deborah D. Skipper

Asst. Secretary

Date

6-21-00

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Chairman	William G. Walters	650 Fifth Ave., 5th Fl.	New York, NY 10019
Treas	Joseph McSherry	650 Fifth Ave., 5th Fl.	New York, NY 10019

REINSTATEMENT

98-00

TS

10. 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

Date

Daytime Phone

6/19/00 (212) 484-2019

CR2E081 (9/99)