

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000061976

1. Corporation Name

BROKER DEALER SOLUTIONS INC.

Principal Place of Business

1308-A N STATE RD 7
MARGATE FL 33063

Mailing Address

1308-A N STATE RD 7
MARGATE FL 33063

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

07/15/1997

5. FEI Number

65-0768956

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
PSTD	DIER, BRUCE	2000 BANKS ROAD 2ND FLOOR 1308-A N. STATE RD 7	MARGATE FL 33063
D	DIER, GARY	2000 BANKS ROAD 2ND FLOOR 1308-A N. STATE RD 7	MARGATE FL 33063
			700004717127--D -12/10/01--01036--023 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MORGAN, RICHARD
200 S. BISCAYNE BOULEVARD., 20TH FLOOR
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name BRUCE DIER
Street Address (P.O. Box Number is Not Acceptable)
1308-A N. STATE ROAD 7
Suite, Apt. #, Etc.
City MARGATE State FL Zip Code 33063

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/5/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/01 (954) 971-4204
Date Daytime Phone #

FILED

01 NOV -8 PM 7:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA



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CR20040 (8/01)