

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000073097

1. Corporation Name

OROSEY & PEPE CAPITAL MARKETS, INC.

Principal Place of Business

621 NW 53RD ST.  
SUITE 340  
BOCA RATON FL 33487

Mailing Address

621 NW 53RD ST.  
SUITE 340  
BOCA RATON FL 33487

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/22/1997

5. FEI Number

65-0775020

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HARVEY, ROBERT L	<del>5040 O FOXHOLLOW DR.</del> 1099 NW 7TH ST	BOCA RATON FL 33486
D	PEPE, GERARD J	4788 N. CITATION DR. #106	DELRAY BEACH FL 33445
D	OROSEY, JOHN G JR.	<del>5488 LEITNER DR. WEST</del> 1596 BLUE GRASS DR	<del>CORAL SPRINGS FL 33066</del> ROCHESTER HILLS MI 48306

8. Name and Address of Current Registered Agent

OROSEY, JOHN G JR.  
5488 LEITNER DR. WEST  
CORAL SPRINGS FL 33067-2025

9. Name and Address of New Registered Agent

Name ROBERT HARVEY  
Street Address (P.O. Box Number is Not Acceptable)  
1099 NW 7TH ST.

Suite, Apt. #, Etc.

City BOCA RATON

State

FL

Zip Code

33486

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

Robert L Harvey

Date

10-17-99

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:

Robert L Harvey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-99

Date

Daytime Phone #

561-226-2621

**OROSEY & PEPE**  
CAPITAL MARKETS INC.

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10/18/99

Florida Department of State  
Division of Corporations

Ref: Previous filing dated 7/19/99

Per our conversation is the new corrected form that was previously filed  
7/19/99. Enclosed you will find the checkstub # 1933 Dtd 7/19/99. Please  
correct your records accordingly.

Thanks,

  
Robert L Harvey  
Executive Vice President