

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 25 PM 4:06

DOCUMENT # P98000100891

1. Corporation Name

FTC SECURITIES, INC.

Principal Place of Business

Mailing Address

ONE BISCAYNE TOWER - #3790  
TWO SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131

ONE BISCAYNE TOWER - #3790  
TWO SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131

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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/03/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0882198

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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	DODD, JULIAN	TWO SOUTH BISCAYNE BLVD. #3790	MIAMI FL 33131
D	MORLEY-KIRK, JONATHAN	TWO SOUTH BISCAYNE BLVD. #3790	MIAMI FL 33131

500003033285-7  
-11/02/99--01111--009  
\*\*\*\*150.00 \*\*\*\*150.00

8/11/1

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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  
Registered Agent

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME

J.C.R. MORLEY-KIRK

INC OFFICER OR DIRECTOR

10/14/99

Date

305 377-2919

Daytime Phone #