PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 NOV -6 PM 12:03

DOCUMENT # **S94691**

1. Corporation Name
LOP CAPITAL MARKETS, INC.

Principal Place of Business	Mailing Address
621 N.W. 53RD ST. ONE PARK PLACE, SUITE 260 BOCA RATON FL 33427	621 N.W. 53RD ST. ONE PARK PLACE, SUITE 260 BOCA RATON FL 33427

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
621 NW 53RD ST.	621 NW 53RD ST.
Suite, Apt. #, etc. ONE PARK PLACE, SUITE 340	Suite, Apt. #, etc. ONE PARK PLACE, SUITE 340
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33487 Country USA	Zip 33487 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/18/1991

5. FEI Number: 59-3097580 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~C~~	~~LEHWALD, HENRY W~~	~~621 NW 53RD ST #260~~	~~BOCA RATON FL~~
~~DOE~~ C	OROSEY, JOHN G	621 NW 53RD ST SUITE ~~260~~ 340	BOCA RATON FL
~~EVP~~ P	PEPE, GERARD J	621 NW 53RD ST SUITE ~~260~~ 340	BOCA RATON FL

900002344729--6
-11/12/97--01079--006
****750.00 ****750.00

8. Name and Address of Current Registered Agent

LEHWALD, HENRY W
621 N.W. 53RD ST.
ONE PARK PLACE, SUITE 260
BOCA RATON FL 33427

9. Name and Address of New Registered Agent

Name: JOHN G. OROSEY
Street Address (P.O. Box Number is Not Acceptable): 621 NW 53RD STREET
Suite, Apt. #, Etc.: SUITE # 340
City: BOCA RATON State: FL Zip Code: 33487

CR2E040 (8/97)

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 11-5-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on Intangible tax.)

12. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-97 Date (561)241-0482 Daytime Phone #