

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

96 DEC 19 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V22891

1. Corporation Name

The Edwards Jones Corporation

Mailing Address

Principal Place of Business

REINSTATEMENT 95-96

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

1018 West Ninth Avenue
Suite, Apt. #, etc.

3. New Principal Office Address, If Applicable

9951 Atlantic Blvd.
Suite, Apt. #, etc.
Suite 100-D

4. Date Incorporated or Qualified
To Do Business in Florida
March 20, 1992

5. FEI Number
65-0319932

Applied For

Not Applicable

City & State
King of Prussia, PA

City & State
Jacksonville, FL

Zip
19406

Country

Zip
32225

Country

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D/P	Lawrence M. Davies	1018 West Ninth Avenue	King of Prussia, PA 19406
D/V	Caroline H. Fleming	1018 West Ninth Avenue	King of Prussia, PA 19406
D/T	Alan W. Vinick	1018 West Ninth Avenue	King of Prussia, PA 19406
S	Stanley F. Szczygiel	1018 West Ninth Avenue	King of Prussia, PA 19406
AS	Robert A. Ouimette	237 Park Avenue	New York, NY 10017
			<u>JB12-19-96</u>

8. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.
110 North Magnolia Street
Tallahassee, FL 32301

9. Name and Address of New 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

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

REGISTERED AGENT MUST SIGN

Date

12/18/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

12/16/96

Date

Daytime Phone #

(216) 880-6000

CR20040 (6-94)

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904/2-9171
904/2-0393 FAX

800-342-8086



ACCOUNT NO. : 072100000032

REFERENCE : 192678 4311859

AUTHORIZATION :

Patricia Piggott

COST LIMIT : \$ 575.00

ORDER DATE : December 17, 1996

ORDER TIME : 10:11 AM

ORDER NO. : 192678-005

CUSTOMER NO: 4311859

800002033788--9

CUSTOMER: Amy C. Butler, Legal Asst
Haythe & Curley
237 Park Ave.
20th Floor
New York, NY 10017

DOMESTIC FILINGS

NAME: THE EDWARD JONES CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Victoria L. Perez
EXAMINER'S INITIALS

JB
12-19-96

RECEIVED
95 DEC 19 14:11:29
DIV. OF REVENUE