

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 20 PM 2:28

DOCUMENT # *PO2616*

1. Corporation Name

FAHNESTOCK & CO. INC.

*W-26207*

2. Principal Office Address

125 Broad Street

3. Mailing Office Address

125 Broad Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New York, New York

City & State

New York, New York

Zip

10004

Country

U.S.A.

Zip

10004

Country

U.S.A.

4. Date incorporated or Qualified  
To Do Business in Florida

*12-23-54*

5. FEI Number

135657515

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT *015-00*

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

*000003497366-3*

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

1201 Hays Street

*12/12/00-01071-027*

*\*\*\*1500.00 \*\*\* 500.00*

Suite, Apt. #, Etc.

City

Tallahassee

State  
FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Eric J. Shames Ass VP*

Date

*10/20/00*

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Albert G. Lowenthal	125 Broad Street	New York, New York 10004
Treas.	E.K. Roberts	"	"
Dir.	A.W. Oughtred	"	"
Sec.	Eric J. Shames	"	"
Dir.	R.M. Neuhoff	"	"

10. 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]*

Eric. J. Shames - Corporate Secretary 10-20-00 (212)668-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)