

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000004344

1. Corporation Name

DOMESTIC SECURITIES, INC.

Principal Place of Business

Mailing Address

160 SUMMIT AVENUE
MONTVALE NJ 07645

160 SUMMIT AVENUE
MONTVALE NJ 07645



REINSTATEMENT 03

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

160 Summit Avenue
Att: MARK SHEFTS
MONTVALE NJ
07645

4. Date Incorporated or Qualified To Do Business in Florida

08/16/2001

5. FEI Number

22-2682329

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	SHEFTS, MARK	160 SUMMIT AVENUE	MONTVALE NJ 07645
CD	SHEFTS, MARK	160 SUMMIT AVENUE	MONTVALE NJ 07645

600023968226
10721703--01052--026 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE:

Date

10-10-04

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:

MARK SHEFTS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-10-04

Daytime Phone #

201 782 0800
8053513

CR2ED40 (7/03)

DOMS

DOMESTIC SECURITIES, INC.

160 Summit Avenue • Montvale, New Jersey 07645 • (201) 782-0888 • Fax (201) 782-9090

October 15, 2003

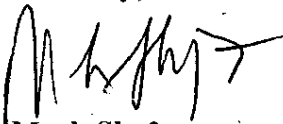
**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314**

**Re: FEI 22-2682329
Application for Reinstatement
2003 Annual Report
Document #F01000004344**

Dear Sir or Madam:

I am enclosing the completed Application for Reinstatement for Domestic Securities Inc. along with Check #3986 for \$150.00 in payment of the 2003 Annual Report fee. I am requesting that the Reinstatement Fee of \$600.00 be waived due to the fact that we never received the 2003 Annual Report form. Thank you for your cooperation.

Sincerely,



**Mark Shefts
President**

DOMESTIC SECURITIES INC.

enc.