

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

95 1 24

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

97 SEP 10 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F9300000369

1. Corporation Name
SYNOVUS SECURITIES, INC.

Principal Place of Business Mailing Address
1132 BROADWAY
COLUMBUS GA 31902

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

REINSTATEMENT 95-97

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, If Applicable P. O. BOX 2628 Suite, Apt. #, etc. City & State COLUMBUS GA Zip Country 31902 USA	4. Date Incorporated or Qualified To Do Business in Florida 6-27-85	5. FEI Number 81625031	Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip

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-09/10/97--01099--001
***1080.00 ***1080.00

9/10/97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name JOHN LANGHORNE Street Address (P.O. Box Number is Not Acceptable) 400 W. GARDEN ST Suite, Apt. #, Etc. City PENSACOLA State FL Zip Code 32501

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: *John Langhorne* Date: 9/3/97
REGISTERED AGENT MUST SIGN

11. 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.)

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: *Beth E. Burns* BETH E. BURNS, VP 9-3-97 706-649-2458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)

SYNOVUS SECURITIES, INC.

Tax ID3 58-1625031

Control # 0233389

BOARD OF DIRECTORS

Stephen L. Burts, Jr
Director
Synovus Financial
One Arsenal Place
Columbus, GA 31901

G. Len Sexton, III
President
Synovus Securities, Inc.
1132 Broadway
Columbus, GA 31901

John A. Shinkle
Sr. Vice President
Synovus Securities, Inc.
1132 Broadway
Columbus, GA 31901

John W. Walden
Sr. Vice President
Synovus Securities, Inc.
1132 Broadway
Columbus, GA 31901

ADVISORY DIRECTORS

James H. Blanchard
Synovus Financial
One Arsenal Place
Columbus, GA 31901

James D. Yancey
Synovus Financial
One Arsenal Place
Columbus, GA 31901

