PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
•	PLICATION FOR	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State			FILED		
REINSTATEMENT DIVISION OF CORPOR				RATIONS	99 FEB -4 PH12: 41		
DOCUMENT # F9500001585  1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
SOUTHWEST SECURITIES, INC.							
Principal Place of Business Mailing Address							
J201 ELM ST. 3500 DALLAS TX 75270 US		1201 ELM ST. 3500 DALLAS TX 75270 US					
US  If above addresses are incorrect in any way, line through incorrect information and er			nformation and enter	correction below.	KFIN2	TATEMENT 98-49	
2. New Pri	ncipal Office Address, If Applicable	New Mailing Office Address, If Applicable  Suite, Apt. #, etc.		Applicable	Date Incorporated or Qualified     To Do Business in Florida     04/03/1995		
City & State	· · · · · · · · · · · · · · · · · · ·	City & State			5. FEI Number Applied For Not Applicable		
<b>Zip</b> Country		Zip Country		v	6. \$8.75. Additional Feb required		
					<b></b>	FOF STATUS DESIRED for a Certificate of Status	
	and Street Addresses of Each Officer and/o Name of Officers and/or Directors	or Director (Flo	Stre	eet Address of Each		6.10.11	
Title(s)	. 3 (Do NOT Us		icer and/or Director Post Office Box Nu	nd/or Director City / State / Zip Office Box Numbers) 4			
С	BUCHHOLZ, DON A	1201 ELM ST.			্ৰা	-02/10/99-01005-024	
VC	WOOLDRIDGE, RAYMOND E	1201 ELM ST.				DALLAS#TX+750.00 ****750.00	
CEO	GLATSTEIN, DAVID	1201 ELM ST.				DALLAS TX	
CF0	HANKS, KENNETH R.		1201 ELM ST.			DALLAS TX	
C	THOMPSON, NORMAN W.		1201 ELM ST.			DALLAS TX	
ST	HART, BARBARA 1201 ELM ST.			DALLAS TX 75270			
8. Name and Address of Current Registered Agent Name					9. Name and A	Address of New Registered Agent	
C T CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)			
	3. <b>Pine Island</b> Rd. Ation FL 33324			Suite, Apt. #, Etc.	Suite, Apt. #, Etc. 41111112770134 1		
				City ****150.\$ \$\text{\$\exitity}\$}}}\$}\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitity}\$}}}\$}\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exititt{\$\text{\$\e			
10. Libeling appointed the registered agent of the above period corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent Date / 27-98							
REGISTERED AGENT MUST SIGN							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for information on intangible tax.)							
12. I certify that I am an officer or director or the receiver or frustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

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