

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 NOV 20 PM 1:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02716**

1. Corporation Name

DMG SECURITIES, INC.

Principal Place of Business

Mailing Address

980 N. FEDERAL HWY.
 SUITE 210
 BOCA RATON FL 33432-2740

980 N. FEDERAL HWY.
 SUITE 210
 BOCA RATON FL 33432-2740

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

4. Date Incorporated or Qualified To Do Business in Florida

07/16/1984

5. FEI Number

~~65-0541499~~
59-2424095

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)

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
VS	WAGNER, ANDREA J.	980 N.FEDERAL HWY.,#210	BOCA RATON FL
VD	FERGUSON, DENNIS	980 N.FEDERAL HWY.,#310	BOCA RATON FL
PDCE	LEEDS, MARSHALL T.	980 N.FEDERAL HWY.,#110	BOCA RATON FL
TDV	GLASER, GREGG S.	980 N.FEDERAL HWY.,#310	BOCA RATON FL
VD	MARKS, JOEL	1117 PERIMETER CENTER W. SUITE 5	ATLANTA GA

~~100002700241-8~~
~~-12/02/98-01006-012~~
 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATE SECURITIES GROUP, INC.
 ATTENTION: GENERAL COUNSEL
 980 N FEDERAL HIGHWAY #210
 BOCA RATON FL 33432

Name

Street Address (P.O. Box Number) (City, State, Zip)

City

State

Zip Code

FL

REINSTATEMENT

98 75 11/24/98

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/18/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREA J. WAGNER

Date

11/18/98

Daytime Phone #

(561) 338-2718

CR2E040 (9/98)