

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F98000000283

1. Corporation Name

CORNERSTONE SECURITIES CORPORATION

Principal Place of Business

Mailing Address

1717 W. 6TH ST., #310  
AUSTIN TX 78706

1717 W. 6TH ST., #310  
AUSTIN TX 78706

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

504 Lavaca

504 Lavaca

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1000

Suite 1000

City & State

City & State

Austin Tx

Austin Tx

Zip

Country

Zip

Country

78701

USA

78701

USA

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ORIGSBY, RUSSELL	1717 W. 6TH ST., #310	AUSTIN TX 78706
	See attached sheet		
			700003026937--0
			10/27/99 01092-016
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RYAN, MATT  
4830 W. KENNEDY BLVD., #865  
TAMPA FL 33609

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.

Signature of  
Registered Agent

*Matt Ryan*

REGISTERED AGENT MUST SIGN

Date

10-15-99  
*Matt Ryan*

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

*Rosanne Daylong*  
Rosanne Daylong  
Chief Compliance Officer

10/18/99 512-479-7300

Date

Daytime Phone #

CR2090 (8/99)

Title(s)	Name of Officers And/or Directors	Street address of Each Officer and/or Director	City/ State/ Zip
C	Grigsby, Russell	504 Lavaca Suite 1000	Austin, TX 78701
P	Johnson, Ken	504 Lavaca Suite 1000	Austin, TX 78701
V	Young, Shayne	504 Lavaca Suite 1000	Austin, TX 78701
V	Nesmith, Kevin	504 Lavaca Suite 1000	Austin, TX 78701
M	Rosanne Daylong	504 Lavaca Suite 1000	Austin, TX 78701