

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 OCT 12 AM 10:24

DOCUMENT # **F98000005910**

1. Corporation Name  
**MARKET WISE SECURITIES, INC.**

Principal Place of Business	Mailing Address
6343 W 120 AVE BROOMFIELD CO 80020 US	6343 W 120 AVE BROOMFIELD CO 80020 US



**REINSTATEMENT 01**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/23/1998	
City & State		City & State		5. FEI Number	
Zip		Country		84-1453217	
				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	4 City / State / Zip
CP	NASSAR, DAVID S	10899 IRVING COURT	WEST MINSTER CO 80030
<del>OFF</del>	<del>WHITEHOUSE, W. JOHN</del>	<del>171 STARR ROAD</del>	<del>SINING SPRING PA 19688</del> <i>Delete</i>
VD	WARD, KEVIN	<del>460 WRIGHT STREET, UNIT 107</del> 11915 W Security Ave	<del>LAKE WOOD CO 80228</del> Golden, CO 80401 200004649392--8 -10/23/01--01024--011 ***750.00 ***750.00 <i>JA 10/18</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GLENN, JOHN 4890 WEST KENNEDY BLVD STE500 TAMPA FL 33609		Name Florida Filing & Search Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 1333 North Dual St. Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32302	

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]* **SIGNATURE REQUIRED** Date 10/11/01  
 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:** *[Signature]* **SIGNATURE REQUIRED** Date 10-10-2001 (303) 464-0404  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2040 (8/01)