

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV 14 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000000962**

1. Corporation Name

NASDAQ TOOLS, INC.

Principal Place of Business

Mailing Address

~~10 EXCHANGE PLACE, ROOM 2200~~
~~JERSEY CITY NJ 07302~~

~~10 EXCHANGE PLACE, ROOM 2200~~
~~JERSEY CITY NJ 07302~~

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

2. New Principal Office Address, If Applicable
15 Exchange Place

3. New Mailing Office Address, If Applicable
9509 Key West Avenue

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/1999

Suite, Apt. #, etc.

Suite # 320

Suite, Apt. #, etc.

Attn: Finance Dept.

City & State

Jersey City, NJ

City & State

Rockville, MD

Zip

07302

Country

Zip

20850

Country

5. FEI Number

13-3954435

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TURYSKY, BODHAN	10 EXCHANGE PLACE, RM 2200 15 Exchange Place, Suite 320	JERSEY CITY NJ Jersey City, NJ 07302
VD	QUICK III, LESLIE C	10 EXCHANGE PLACE, RM 2200	JERSEY CITY NJ
CEO	MERCURIO, PASCAL J	10 EXCHANGE PLACE, RM 2200	JERSEY CITY NJ LS
VS D	SHAH, DEEPAK	10 EXCHANGE PLACE, RM 2200 15 Exchange Place, Suite 320	JERSEY CITY NJ 07302
VT D	MELAMED, ALEXANDER	10 EXCHANGE PLACE, RM 2200 15 Exchange Place, Suite 320	JERSEY CITY NJ 07302
D	HIRSTREET, JOEL	10 EXCHANGE PLACE, RM 2200	JERSEY CITY NJ

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

100003487761--2

-12/05/00 State Zip Code

*****750.00 ***750.00**

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]

CHARLES F. SHAMPANG
REGISTERED AGENT MUST SIGN
ASSISTANT SECRETARY

Date

10-31-00

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]

BOHDAN TURYSKY

11-8-00

(201)209-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR202040 (8/00)