

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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11/8



DOCUMENT # P09080

1. Corporation Name  
PONDER SECURITIES, INC.

Principal Place of Business  
217 WEST MONROE STREET  
HERRIN IL 62948

Mailing Address  
217 WEST MONROE STREET  
HERRIN IL 62948

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

02/13/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

37-1188944

Applied For  
Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

Zip

Country

Zip

Country

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
VD	BRATTON, RICHARD E.	7000 SW 110TH TERRACE	MIAMI FL
TD	FIORINA, JERALD P.	419 N. 21ST ST.	HERRIN IL
D	PAYNE, CHRISTOPHER E.	634 HUMPHREY DRIVE	EVERGREEN CO
PD	PONDER, CHARLES L.	4101 BUCKINGHAM PL	COLLEYVILLE TX
AS	TIMMERMANN, JOHN	3 RED BUD LANE	HERRIN IL

588882882175-9  
-11/13/96-01030-019  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRATTON, RICHARD E.  
240 SOUTH PINEAPPLE AVE, STE 801  
SARASOTA FL 34236

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

*Richard Bratton*  
REGISTERED AGENT MUST SIGN

Date 10/9/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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 TYPE OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR

*10/10/96*  
Date

618-942-7321  
Daytime Phone #

CR03040 (7/96)