

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

96 DEC 31 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # V45560

1 Corporation Name  
Wise Securities, Inc.

Principal Place of Business Mailing Address  
2970 Hartley Rd., 2970 Hartley Rd.  
Ste. 102 Ste. 102  
Jacksonville, Fl. 32257 Jax., Fl. 32257

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.		06/19/92	
City & State		City & State		5. FEI Number	
Zip		Country		59-3120618	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 9600

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
PD	SKILLMAN, WISE A. III	1604 Arcadia Dr., # 315	Jacksonville, Fl. 32257

200002046242--8  
-01/06/97--01004--011  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent

Skillman, Wise A. , III  
1604 Arcadia Dr.  
# 315  
Jacksonville, Fl. 32207

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number Is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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

*Wise A. Skillman*  
REGISTERED AGENT MUST SIGN

Date 12/26/96

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)(b), 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:

*Wise A. Skillman*

Wise A. Skillman, III

12/26/96

904-880-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (7/96)