PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 96 DEC 26 AM 10: 40 DOCUMENT # V55206 1 Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA THE MIAMI STOCK EXCHANGE, INC. Principal Place of Business Mailing Address 825 S. BAYSHORE DR. 825 S. BAYSHORE DR. **SUITE 346** SUITE 346 MIAMI FL 33131 MIAMI FL 33131 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 Date Incorporated or Qualified To Do Business in Florida 07/31/1992 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0404575 City & State City & State Not Applicable Country Country CERTIFICATE OF STATUS DESIRED 7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip P CULPEPPER, CHARLES E JR 825 S. BAYSHORE DR. #348 **MIAMI FL 33131** VP STEVEN L BANK 905 S.BAYSHORE DR #431 MIAMI FL 33131 BAHRD 200002046202-01/06/97-01003-024 ****375.00 ****375.00 REINSTATEMENT 8. Name and Address of Current Registered Agent CULPEPPER, CHARLES E JR 825 S. BAYSHORE DR **SUITE 346 MIAMI FL 33131** State | Zip Code | FL | 23/3/ Miami med corporation, am familiar with obligations of Section 607,0505, F.S. REQUIRED Signature of Registered Agent Date REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes l 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 withis 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 course of the corporation is true and course of the corporati

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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