

PLEASE READ ALL INSTRUCTIONS BEFORE COI

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 24 1997 8:00 am
Secretary of State

DOCUMENT # F95000005325

1. Corporation Name
1ST GLOBAL ADVISORS, INC.

TALLAHASSEE, FLORIDA

Principal Place of Business: 12700 HILLCREST RD., #175 DALLAS TX 75230
Mailing Address: 12700 HILLCREST RD., #175 DALLAS TX 75230



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

REINSTATEMENT 97
4. Date Incorporated or Qualified To Do Business in Florida: 10/30/1995

2. New Principal Office Address, If Applicable
3. New Mailing Office Address, If Applicable
5. FEI Number: 75-2488700
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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTDC	BATMAN, STEPHEN A	12700 HILLCREST RD., #175	DALLAS TX 75230

000002358190-3
-11/26/97--01090--020
****750.00 ****750.00



8. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, 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, 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: [Signature] MICHAEL E. JONES, ASSISTANT SECRETARY, Date: 10/31/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [] No [X] (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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Signature] Date: 10/31/97 Daytime Phone #

CPRE040 (8/97)