

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **F99000000962**

1. Corporation Name
NASDAQ TOOLS, INC.

Principal Place of Business 10 EXCHANGE PLACE, ROOM 2200 JERSEY CITY NJ 07302	Mailing Address 10 EXCHANGE PLACE, ROOM 2200 JERSEY CITY NJ 07302
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REINSTATEMENT 2000

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.	5. FEI Number 13-3954435
City & State Jersey City, NJ	City & State Rockville, MD	Applied For Not Applicable
Zip 07302	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
Country	Zip 20850	

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	4 City / State / Zip
PD	TURYNSKY, 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

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City

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. **100003487761--2**
 Signature of Registered Agent *[Signature]* **CHARLES F. SHAMPANG** Date 10-31-00
 REGISTERED AGENT MUST SIGN **ASSISTANT SECRETARY**

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 #

CR2E040 (8/00)