

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 MAR 25 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT  
CR2E081 (12/07)

06-08

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 762704

**1. Corporation Name**

South Florida Chapter - Public Risk and Insurance  
Management Association, Inc.

**2. Principal Office Address - No P.O. Box #**

C/O Risk Management  
Suite, Apt. #, etc.  
100 W. Atlantic Blvd., Suite 219

**City & State**

Pompano Beach, FL

**Zip**

33060

**Country**

USA

**3. Mailing Office Address**

C/O Ed Beecher, Risk Mgr.

**Suite, Apt. #, etc.**

100 W. Atlantic Blvd., Suite 219

**City & State**

Pompano Beach, FL

**Zip**

33060

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/01/82

**5. FEI Number**

592173781

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$58.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Eddie C. Beecher

**Street Address (P.O. Box Number is Not Acceptable)**

100 West Atlantic Blvd.

**Suite, Apt. #, Etc.**

Suite 219

**City**

Pompano Beach

**State**

FL

**Zip Code**

33060

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Eddie C Beecher* Eddie C. Beecher, Treasurer

Date 03/20/08

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Sonia Bridges	P.O. Box 025504	Miami, FL 33102-5504
V	Darlene George	115 S. Andrews Ave., #210	Ft. Lauderdale, FL 33301
T	Eddie C. Beecher	100 West Atlantic Blvd.	Pompano Beach, FL 33060
S	Dio Sanchez	524 NE 21 Ct.	Wilton Manors, FL 33305
D	James Buschman	400 S. Federal Hwy	Hallandale Beach, FL 33009
D	John McCarthy	400 NW 73rd Ave	Plantation, FL 33317

**10. 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 contained in Chapter 119, 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:

*Eddie C Beecher* Eddie C. Beecher  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer

3/20/08  
Date

954 -  
786-5555  
Daytime Phone #

3/26 ad