

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Glenda E. Hood  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
**Oct 23, 2003 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **762704**

1. Corporation Name

**SOUTH FLORIDA CHAPTER-PUBLIC RISK AND INSURANCE MANAGEMENT ASSOCIATION, INC.**

Principal Place of Business  
 201 W PALMETTO PARK RD  
 BOCA RATON FL 33432  
 US

Mailing Address  
 201 W PALMETTO PARK RD  
 BOCA RATON FL 33432  
 US

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.		10/01/1982	
City & State		City & State		5. FEI Number	
Zip		Country		59-2173781	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 03  
  
 300024026803  
 10/23/03--01006--008 \*\*175.00

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
D	BUSCHMAN, JAMES John McCarthy	308 S. DIXIE HWY. City of Plantation 406 NW 73rd Ave.	HALLEDALE FL Plantation, FL 33317
D-V P	HOWARD, DIANNE Bill Mason	City of Sunrise 3370 FOREST HILL BLVD, STE A-103 10770 W. Oakland Park Blvd.	WEST PALM BEACH FL 33406 Sunrise, FL 33351
D-P	GARDNER, PAM	201 W. PALMETTO PARK RD.	BOCA RATON FL 33432
S D	ZOELLNER, CAROL Darlene George	100 AUSTRALIAN AVE Broward Co. Govt Bldg 115 S. Andrews Ave., Rm-210	WEST PALM BEACH FL 33406 Ft Lauderdale, FL 33301
D-T	CERVANTI, CAROLYN Daniel J. Lutzke	6700 MIRAMAR PKWY Town of Davie 6591 Orange Drive	MIRAMAR FL 33023 Davie, FL 33314
D	BEECHER, ED	501 PALM AVE	HIALEAH FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GARDNER, PAM 201 W PALMETTO PARK RD BOCA RATON FL 33432		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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. or 617.0505, F.S.

Signature of Registered Agent: Pamela F. Gardner Date: 10-15-03  
 REGISTERED AGENT MUST SIGN

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: Daniel J. Lutzke Date: 10/15/2003 Daytime Phone #: 954-797-1097  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)