. PLEASE READ	ALL INSTRUCTIONS	₿₽₽₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	: IING IHIS FURM.	
APPLICATION AND APPLICATION	FLORIDA DEPARTMEN		•	
FOR	Katherine Ha		FILED	
REINSTATEMENT Secretary of State piyision of corporations			•	
DOCUMENT # FQL DOOD 44,23			99 DEC 13 AM 10: 24	
1. Corporation Name Business Risk Technology, Inc.			SECRETARY OF STATE TALLAMASSEE, PLORIDA	
	-		MELONIMOSEE, PLERIDA	
W99-25293				
Principal Place of Business Mailing Address				
•			_	
		-	·	
If above addresses are incorrect in any way, line thro	ough incorrect information and enter o	correction below.	ISTATEMENT Q7-94	
2 New Principal Office Address, If Applicable	ew Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 09/04/96	
600 N. Pine Island Road Suite, Apt #, etc	Suite, Apt. #, etc.	5. FEI Nu		
Suite 400			Mber Applied For Not Applicable	
Plantation, FL Country	Zip Country	6. CERTIE	ICATE OF STATUS DESIRED S6 75 Again and the required	
33324 USA	Division (Florida account)		10 3 (11 0 0 0 3 11 0 5	
7. Names and Street Addresses of Each Officer and/ Name of Officers	Stre	et Address of Each		
Title(s) and/or Directors 2	3 (Do NOT Us	icer and/or Director le Post Office Box Numbers)	City / State / Zip	
D/C William B. Van Meter 759 12th A		venue South	Naples, FL 34102	
DID TO DOUBLE CONTRACTOR	600 N. Pin	e Island Rd. Ste	400 Plantation, FL 33324	
P/D Timothy A. Renfro, Sr				
V/D Edwin M. Millette	600 N. Pin	e Island Rd. Ste	400 Plantation, FL 33324	
				
S/T John Morgan	1240 Fairw	ay	Bowling Green, Ky 42102-1779	
		_	2000030778029 -12/22/9901047003	
			***1050.00 ***1050.00	
8. Name and Address of Current I	Registered Agent	9. Name	and Address of New Registered Agent	
Edwin Millette CT Corp.			nber is Not Acceptable)	
16721 Supplier Springs Weston FL, 33331		Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road		
Weston FL, 33531 Suite, Apt. #. E			5	
Plantation State Zip Code F1 33324				
10. I, being appointed the registered than tof the abo	ve named corporation am familiar wi		Section 607.0505, F.S.	
Signature of Registered Agent	Sel. 11.12		Date /2/7/59	
RE	STERED AGENT MUST STON			
11. This corporation owes the Intangible Personal Proper		Yes 🗖 No	(See other side for information on intangible tax.)	
12 Licertify that Lam an officer or director or the receiv	ver or trustee empowered to execute	this application as provided for	n chapter 607 or 617, F.S. I further certify that when filing	
this reinstatement application, the reason for disso	plution has been eliminated, the corponames of individuals listed on this for	rate name satisfies the requirent m do not qualify for an exemption	nents of section 607.0401 or 617.0401, F.S., that all fees in under section 119.07(3)(i), F.S. The information indicated	
Aa h	Λ_{l}			
SIGNATURE:	Mour Souten	Trenvier	11/15/99 (270) 781-2020 Date Daytime Phone #	
SIGNAMORE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER OR	И ЯВЕСТОЯ	Date Daytime Phone #	