

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 DEC 15 PM 1:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F97000003248**

1. Corporation Name

NORTH AMERICAN RISK, INC.

Principal Place of Business

Mailing Address

8080 N. CENTRAL EXPWY., STE. 1450
 DALLAS TX 75206

8080 N. CENTRAL EXPWY., STE. 1450
 DALLAS TX 75206

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

REINSTATEMENT 98

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/20/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

75-2642383

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C	COOKE, NICHOLAS M	11 VICTORIA ST., 3RD. FL., VICTO	HAMILTON HM 11 BERMUDA
D	HOPEGOOD, DUNCAN	65 LEADENHALL ST.	LONDON EC 3A 2AD ENGLAND
D	JONES, GEORGE	65 LEADENHALL ST.	LONDON EC 3A 2AD ENGLAND
D	SHEEHAN, MICHAEL	VICTORIAL HALL 3RD FL., 11 VICTO	HAMILTON HM 11 BERMUDA
P	QUICK, LEN	8080 N CENTRAL EXPWY., STE. 1450	DALLAS TX 75206

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

F&L CORP. SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

Name
F&L CORP.
 Street Address (P.O. Box Number is Not Acceptable)
The Greenleaf Building, 200 Laura Street
 Suite, Apt. #, Etc.
 City
Jacksonville
 State
FL
 Zip Code
32202-3527

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

F&L CORP.

By: *[Signature]*

REGISTERED AGENT MUST SIGN

Date **Dec. 3, 1998**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(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]
Barbara L. Adkins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Dec. 7, 1998**

Daytime Phone # **214-891-7031**

CR2E040 (8/98)