

DEC. 7.2001 11:23AM

FOLEY & LARDNER 4142974970

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

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

DOCUMENT # F9700003248

1. Corporation Name
North American Risk, Inc.

2. Principal Office Address
5400 LBJ Freeway
Suite, Apt. #, etc.
Suite 880
City & State
Dallas, TX
Zip
75240

3. Mailing Office Address
5400 LBJ Freeway
Suite, Apt. #, etc.
Suite 880
City & State
Dallas, TX
Zip
75240

Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6/20/97

5. FEI Number 75-2642383

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
F&L Corp.

Street Address (P.O. Box Number is Not Acceptable)
The Greenleaf Building, 20 Laura Street

City Jacksonville

State FL Zip Code 32202-3527

300004745463-9
-12/31/01--01080--017
****158.75 ***158.75

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 By: *K. A. Kemp, Vice Pres.* Date 12/13/01

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Barbara Adkins	5400 LBJ Freeway, Suite 880	Dallas, TX 75240
V/S/D	Harold Schade	6311 Atrium Drive, #100	Bradenton, FL 34202
V/D	Kay Houston	6311 Atrium Drive, #100	Bradenton, FL 34202
D	Rupert Weynand	5400 LBJ Freeway, Suite 880	Dallas, TX 75240

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 under section 119.07(3)(b), 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: *Barbara Adkins* Barbara Adkins, President Date 12/14/01 972-960-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

BRUSSELS
CHICAGO
DENVER
DETROIT
JACKSONVILLE
LOS ANGELES
MADISON
MILWAUKEE
ORLANDO
SACRAMENTO
SAN DIEGO/DEL MAR
SAN FRANCISCO
TALLAHASSEE
TAMPA
WASHINGTON, D.C.
WEST PALM BEACH

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FOLEY LARDNER
ATTORNEYS AT LAW

December 13, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: North American Risk, Inc.

Dear Sir or Madam:

Enclosed please find a Corporation Reinstatement form for North American Risk, Inc., a Texas corporation ("North American").

North American has been administratively dissolved in the State of Florida for failure to file a Uniform Business Report for the year 2001; however, notice of dissolution was never received by North American. Accordingly, enclosed with the Corporation Reinstatement form is a check in the amount of \$158.75 for payment of the Annual Report Fee, Corporate Supplement Fee and Certificate of Status fee. Please mail the Certificate of Status to me at the above address.

Thank you for your assistance in this matter.

Very truly yours,

Jennifer K. Schroeder
Jennifer K. Schroeder

Enclosures

cc: Kevin G. Fitzgerald (w/o enc.)

FOLEY & LARDNER
777 EAST WISCONSIN AVENUE, SUITE 3800
MILWAUKEE, WISCONSIN 53202-5367

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WRITER'S DIRECT LINE
414.297.5804

EMAIL ADDRESS
cparker@foleylaw.com

CLIENT/MATTER NUMBER
029589-0101

001.1119741.1