


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -3 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000003248
1. Corporation Name
NORTH AMERICAN RISK, INC.

2. Principal Office Address 6311 Atrium Drive Suite, Apt. #, etc. Suite 100 City & State Bradenton, Florida Zip 34202		3. Mailing Office Address P.O. Box 49228 Suite, Apt. #, etc. City & State Sarasota, Florida Zip 34230	
Country USA		Country USA	

REINSTATEMENT JB

4. Date Incorporated or Qualified To Do Business in Florida 06/20/1997

5. FEI Number 75-2642383	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

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

60002437866
11/03/03--01054--005 \$ 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 [Signature] Date 10/24/03
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	Quick, Len	5400 LBJ Freeway, Suite 880	Dallas, Texas 75240
V/D	Lawless, James	125 Maiden Lane, Fifth Floor	New York, NY 10038

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)(l), 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] James Lawless III Date 10/29/03 Daytime Phone # 212 422 0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR22001 (10/02)

[Signature]

October 31, 2003

WRITERS DIRECT LINE
414.297.5647
jkschroeder@foley.com EMAIL

CLIENT/MATTER NUMBER
089459-0108

VIA OVERNIGHT MAIL

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: North American Risk, Inc.

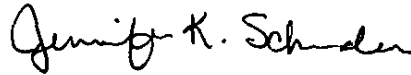
Dear Sir or Madam:

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 2003; 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

Enclosures

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