

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 20 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N0000008109

1. Corporation Name

SOUTHWEST FLORIDA CHAPTER OF THE RISK AND INSURANCE MANAGEMENT SOCIETY, INC.

Principal Place of Business

Mailing Address

LESLIE C PRICE HEALTH MANAGEMENT ASSOC INC  
5811 PELICAN BAY BLVD  
NAPLES FL 34108

LESLIE C PRICE HEALTH MANAGEMENT ASSOC INC  
5811 PELICAN BAY BLVD  
NAPLES FL 34108

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



REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida

12/08/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1125939

Applied For

Not Applicable

City & State

City & State

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	4 City/State/Zip
President	Charity Strassel D	3005 Tamiami Trail North #400 D	Naples, FL 34103
Vice President	Pamela Kuehn D	24301 Walden Center Dr #300 D	Bonita Springs FL 34134
Secretary	Leslie Price D	5811 Pelican Bay Blvd. #500 D	Naples, FL 34108
Treasurer	Jeff Walker D	3301 East Tamiami Trail D	NAPLES, FL
Director	Leslie Price D	5811 Pelican Bay Blvd #500 D	NAPLES, FL 34108

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

PETER F. SOUZA  
ASSISTANT SECRETARY

Date

11/13/01

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:

Charity Strassel CHARITY STRASSEL

10/26/01

941 261 4455

Date

Daytime Phone #

ext. 126

CR2E040 (8/01)