

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED 002

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAAPPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P95000009393

1. Corporation Name

STIRLING COOKE RISK MANAGEMENT SERVICES

Mailing Address

Principal Place of Business

1560 Chestnut Avenue
Winter Park, FL 32789

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

3. New Principal Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3294324

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐\$0.75 Additional Fee required
for 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
PD	McCarthy, Otha Ray	1560 Chestnut Avenue	Winter Park, FL 32789
D	Cooke, Nicholas M.	1560 Chestnut Avenue	Winter Park, FL 32789
VSTD	Cooke, Penelope A.	1560 Chestnut Avenue	Winter Park, FL 32789
V	Liput, David	1560 Chestnut Avenue	Winter Park, FL 32789

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

F&L Corp.
200 Laura St. (Greenleaf Bldg.)
Jacksonville, FL 32202

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent By:

F&L CORP.

Authorized Signature

Date November 21, 1997

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), Florida Statutes. I recognize the Division of Corporations from any liability of non-compliance with Section 119.07(3)(A) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Otha Ray McCarthy, President

11/21/97 (457) 539-0053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Fax Audit No. H97000019477

f&l 11/21/97

FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: FOLEY & LARDNER
CONTACT: KAREN PETERSON
PHONE: (904)359-2000

ACCT#: 072720000061

FAX #: (904)359-8700

NAME: STIRLING COOKE RISK MANAGEMENT SERVICES, INC
AUDIT NUMBER.....H97000019477
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..0
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Prepared by: Linda Y. Kelso Fla. Bar No. 298662
Foley & Lardner
200 Laura Street, Jacksonville, FL 32202
904/359-2000

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200/1001/002

FOLEY & LARDNER

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