

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000101150**

1. Corporation Name

JOHN G. ALDEN SPECIAL RISKS, INC.

Principal Place of Business

**1300 SE 17TH ST., SUITE 220
FT LAUDERDALE FL 33316**

Mailing Address

**1300 SE 17TH ST., SUITE 220
FT LAUDERDALE FL 33316**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

To Do Business In Florida

11/16/1999

5. FEI Number

65-0970371

Applied For

Not Applicable

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
DP	ATLASS, FRANK	1300 SE 17TH ST., SUITE 220	FORT LAUDERDALE FL 33316
VD	GALLAUDET, JAMES	1300 S E. 17TH ST. SUITE 220	FORT LAUDERDALE FL 33316
D	ATLASS, SALLY K	1300 S.E. 17TH ST SUITE 220	FORT LAUDERDALE FL 33316

8. Name and Address of Current Registered Agent

**D'ESPIES, KEVIN J ESQ
1212 SOUTHEAST FIRST AVENUE
FT LAUDERDALE FL 33316-1802**

9. Name and Address of New Registered Agent

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

Kevin D'Espies
REGISTERED AGENT MUST SIGN

Date

10/25/01

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.

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******750.00 ****750.00**

SIGNATURE:

Kevin D'Espies
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.25.01 (954) 525 0582