PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC 13 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000004023

1. Corporation Name Business Risk Technology, Inc.

W99-25293

Principal Place of Business | Mailing Address

REINSTATEMENT 97-99

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
600 N. Pine Island Road	Same
Suite, Apt. #, etc: Suite 400	Suite, Apt. #, etc.
City & State: Plantation, FL	City & State
Zip: 33324 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/04/96

5. FEI Number: 65-0667586 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/C	William B. Van Meter	759 12th Avenue South	Naples, FL 34102
P/D	Timothy A. Renfro, Sr.	600 N. Pine Island Rd. Ste 400	Plantation, FL 33324
V/D	Edwin M. Millette	600 N. Pine Island Rd. Ste 400	Plantation, FL 33324
S/T	John Morgan	1240 Fairway	Bowling Green, KY 42102-1779

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***1050.00 ***1050.00

8. Name and Address of Current Registered Agent
Edwin M. Millette
16721 Sapphire Springs
Weston FL, 33331

9. Name and Address of New Registered Agent
Name: CT Corp.
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road
Suite, Apt. #, Etc.
City: Plantation State: FL Zip Code: 33324

CR2E081 (12/98)

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: [signature] Date: 12/7/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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.

KE

SIGNATURE: [signature] Secretary/Treasurer 11/18/99 (270) 781-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #