PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM			, s	DEPART Secretary	of S			2008 MAY 29 AM	· ·	4		
DOCUMENT # N0000008109 1. Corporation Name									SECRETARY OF STATE TALLAHASSEE, FLORID;				
Southwest Florida Chapter of the Risk and Insurance Management Society, Inc.								21 05/2	05/29/0801029028 **306.25 200128566032 05/29/0801029028 **306.25 200128566032				
2. Principa	ss - No	P.O. Box #	3. Mailing Of	ffice Address	S		05/0	6/0801007009	**23	6.25			
c/o Colli	ier Enterp	rises		3003 Tamiami Trail, North					CR2E081 (12/07)				
Suite, Apt. #, etc. Suite, Apt.									A Pate Incompreted at Qualified				
Same Suite					- 				Date Incorporated or Qualified To Do Business in Florida				
City & State	•		City & State	City & State				5. FEI Number Applied For					
Zip Country			Naples,-FL				651125939 Not Applicable						
Zip			у	34103		Count	-	6. CERTIFICATI	CERTIFICATE OF STATUS DESIRED S8.75 Addition for a Certific				
		7. Na	me and Address o	f Current Regist	tered Agent	t							
Name Object Destricts								The re	The reinstatement fee is imposed, except in circumstances which the entity did not receive				
Cheryl Pavlick Street Address (P.O. Box Number is Not Acceptable)													
3003 Tamiami Trail, North									the prior notices. By checking this box, you are certifying the prior notices were not				
Suite, Apt. #, Etc. Suite 400									received and requesting the reinstatement				
City State Zip Co Naples FL 34103								REINSTATEMENT					
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									Date april 30, 2008				
Registered Agent REGISTERED AGENT MUST SIGN									Date Of 34, a		<u> </u>		
Alamaa	and Street A	ddrocoo					mations must list at	loant 2 directors)			-		
	uaresses	Name of	D/OT DIRECTOT (FIG	lorida nonprofit corporations must list at le			· · · · · · · · · · · · · · · · · · ·						
Titles Officers and/or Directors					Street Address of Eac Officer and/or Directo				City / State	/ Zip			
Pres	Francisco Fuentes				Chico's 11215 I		Parkway		Fort Myers, FL 33966				
VP	Naлcy Hofbauer				Kraft Construction 3520 Kraft Road				Naples, FL 34105				
Sec	Wayne Fiyalko				LCEC Post Of	ffice	Box 3455		North Fort Myers, FL 33918				
Tres	Cheryl Pavlick				Collier Enterprises 3003 Tamiami Trail N. Suite 400				Naples, FL 34103				
Dir	Virginia :	eis		WCI Communities, Inc. 24301 Walden Center Drive				Bonita Springs, FL 34134					
Dir	Pam Kue					unities, Inc. <u>en Center Dr</u> i	ve	Bonita Springs, FL 34134					
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 contained in Chapter 119, 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 eath.													
SIGNATURE: and 30 2008 239 434-4065													
JOHA		SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Description Phone #											

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR