

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000001120

**FILED**  
**Nov 10, 2011**  
**Secretary of State**

**Entity Name:** STRATEGIC RISK MANAGEMENT, INC.

**Current Principal Place of Business:**

1550 NE MIAMI GARDENS DRIVE  
SUITE 403  
N. MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1550 NE MIAMI GARDENS DRIVE  
SUITE 403  
N. MIAMI BEACH, FL 33179

**New Mailing Address:**

**FEI Number:** 65-1075266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BENOVITZ, LARRY  
1550 NE MIAMI GARDENS DR #403  
N MIAMI BEACH, FL 33179 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LARRY BENOVTZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BENOVTZ, LARRY  
Address: 1550 NE MIAMI GARDENS DRIVE SUITE 403  
City-St-Zip: N. MIAMI BEACH, FL 33179

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LARRY BENOVTZ

D

11/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date