## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

703232

RISK AND INSURANCE MANAGEMENT SOCIETY FLORIDA BR OWARD CHAPTER INC.

Principal Place of Business
901 South State Rd.7
200-WEST-COMMERCIAL DLVD. #105 PORT LAUDERDALE FL-03509 # Plantation, Fl. 33317

Mailing Address 901 South State Rd.7 FORT LAUDPROALE FL-22309

# Plantation, FL. 33317

02 APR 26 AM 10: 48

SECRETARY OF STATE JALLAHASSEE, FLORIDA



REMSTATEMENT 01-22

If above addresses are incorrect in any way, line through incorrect information and enter correction below.					8 6 6 5 5 6 9 6 7	# 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		JI - UV	
901 South State Rd.7			ing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     11/21/1961				
Suite, Apt. #, etc. Suite, Apt. #, 901		South State Rd,7		5. FEI Number		1,,2,,,,,,	Applied For		
City & Stat		City & State	station, F	. ``		59-1995593 ~		Not Applicable	
Zip 33317 Country USA Zip 333			Country		6. CERTIFICATE	ICATE 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)									
Title(s)	Name of Officers and/or Directors			eet Address of Each icer and/or Director		4	City / State / Zip		
PD	BUTZ CRISTING Sinberg,	Joy	2200 WEST COM	MERCIAL BLVD., 12º Ave.	<del>#10</del> 5	Perfield B		, 33442	
VD	SINBERG, 104 - Lawrence Glasser, Law	irence	121 NW 12TH AV G05 NW	E 110th Ton	vr.	DEERFIELD BEACH	HFL 33442		
TD	D KICKERHTER, LEILAND - Adler, Christine		303-6E-17TH STREET 901 South State Rd.7		Plantation, FL. 33317				
SD	JOHNSON, SANDRA Salazar, Alexano	2200 W. Commercial Blod			FT LAUDERDALE FL CONTROL 33309				
W. V. 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 2 2 2 2				700054921179 -05/08/0201054006 ****297.50 ****297.50					
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
PLANTATION, FL.  1007 FORT LAUDERDALE TE 33309.  AD LER GHRISTINE  PLANTATION, FL.  33317			Name A.D.L.E.R., C.H.R.ISTINE  Street Address (P.O. Box Number is Not Acceptable) QOI SOUTH STATE ROAD 7  Suite, Apt. #, Etc.  City PLANTATION  State Zip Code FL 333) 7						
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.								<u> </u>	
Signature of Registered Agent Date 1/21/02  REGISTERED AGENT MUST SIGN									
11   certify that I am an officer or director or the receiver or trustee amprovered to execute this application as executed for in chapter 607 or 617 F.C. I further codify that when filling									

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR