PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 28 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02

800008637148
10/28/02--01120--019 **245.00

DOCUMENT # **762704**

1. Corporation Name

SOUTH FLORIDA CHAPTER-PUBLIC RISK AND INSURANCE MANAGEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~501 PALM AVE~~ ~~HIALEAH FL 33010~~ ~~US~~	~~501 PALM AVE~~ ~~HIALEAH FL 33010~~ ~~US~~

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
201 W. PALMETTO PARK RD. Suite, Apt. #, etc.	201 W. PALMETTO PARK RD. Suite, Apt. #, etc.
BOCA RATON, FL City & State	BOCA RATON, FL City & State
Zip 33432 Country US	Zip 33432 Country US

4. Date Incorporated or Qualified To Do Business in Florida: 04/01/1982

5. FEI Number: 59-2173781 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.75 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 3	City / State / Zip 4
D	BUSCHMAN, JAMES	308 S. DIXIE HWY.	HALLENDALE FL
D	HOWARD, DIANNE	3370 FOREST HILL BLVD, STE A-103	WEST PALM BEACH FL 33406
T	GARDNER, PAM	201 W. PALMETTO PARK RD.	BOCA RATON FL 33432
~~S~~	ZOELLNER, CAROL	160 AUSTRALIAN AVE	WEST PALM BEACH FL 33406
P	CERVANTI, CAROLYN	6700 MIRAMAR PKWY	MIRAMAR FL 33023
D	BEECHER, ED	501 PALM AVE	HIALEAH FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~BEECHER, ED~~ ~~501 PALM AVE~~ ~~HIALEAH FL 33010~~	Name: PAM GARDNER Street Address (P.O. Box Number is Not Acceptable): 201 W. PALMETTO PARK ROAD Suite, Apt. #, Etc. City: BOCA RATON State: FL Zip Code: 33432

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: Pam Gardner SIGNATURE REQUIRED Date: 10/24/02
REGISTERED AGENT MUST SIGN

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.

SIGNATURE: Pam Gardner SIGNATURE REQUIRED PAM GARDNER 10/24/02 561-393-7970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #