

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP

B95000000199



FLORIDA DEPARTMENT OF STATE
J. B. M. [unclear]
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAY 18 PM 1:16

DOCUMENT # B95000000199

1. Name of Limited Partnership
INTERNATIONAL REINSURANCE ALLIANCE, L.P., LTD

DO NOT WRITE IN THIS SPACE

2. Mailing Address 2600 DOUGLAS ROAD Suite, Apt. #, etc. 710 City & State CORAL GABLES, FL Zip 33134 Country USA		3. Principal Office Address 2600 DOUGLAS ROAD Suite, Apt. #, etc. 710 City & State CORAL GABLES, FL Zip 33134 Country USA		4. Date Formed or Registered To Do Business in Florida 5/26/95	
		5. FEI Number 65-0523727		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	
		7. State or Country of Formation			

8a. Capital Contributions as Shown on Record \$841,750	FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
8b. Amount of Capital Contributions in FLORIDA to date \$841,750	

9. Name and Address of Current Registered Agent JASLOW, CRAIG A ESQ 9351 FOUNTAINBLEU BLVD., #B-307 MIAMI, FL 33172		10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
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10a. Pursuant to the provisions of sections 620.105(1) and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s) IAM HOLDING, INC.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2600 DOUGLAS RD. SUITE 710	City, State and Zip Code CORAL GABLES, FL 33134	11a. Registration Document Number F95000002594
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Ziad T. Shuman* DATE 4/27/98
Typed or Printed Name of General Partner Signing Form **Ziad T. Shuman** Telephone Number **305-446-1966**

CP2E039 (12/97)