

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 FEB 15 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000005305

1. Corporation Name

Environmental & Occupational Risk Management, Inc.

2. Principal Office Address - No P.O. Box #

4 N. Second St.

Suite, Apt. #, etc.

Suite 1270

City & State

San Jose, CA.

Zip

95113

Country

USA

3. Mailing Office Address

4 N. Second St

Suite, Apt. #, etc.

Suite 1270

City & State

San Jose, CA.

Zip

95113

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/2003

5. FEI Number

77-0311521

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, etc.

City

Tallahassee

State

FL

Zip Code

32301

500282205285

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
Registered Agent

REGISTERED AGENT MUST SIGN

Melissa Zender

Asst. Vice President

Date 2/15/16

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Glenn Fishler	4 N. Second Street	San Jose, CA. 95113
VP	Andrew McIntyre	4 N. Second Street	San Jose, CA. 95113
CFO	Janice McKim	4 N. Second Street	San Jose, CA. 95113
COO	Danielle Reilly	4 N. Second Street	San Jose, CA. 95113
REINSTATEMENT		FEB 15 2016	
		R. HUNT	

10. E-mail Address: mckimj@eorm.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

JANICE MCKIM - CFO 2/12/16

408-790-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 016620 7942690

AUTHORIZATION :

COST LIMIT : \$ 2108.75



ORDER DATE : February 12, 2016

ORDER TIME : 9:46 AM

ORDER NO. : 016620-005

CUSTOMER NO: 7942690

REINSTATEMENT

NAME: ENVIRONMENTAL & OCCUPATIONAL
RISK MANAGEMENT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
____ PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956 FEB 15 2016

EXAMINER'S INITIALS R. HUNT