

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 AUG -8 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F03000006385

1. Corporation Name

ProBuilders Specialty Insurance Company, RRG

W08-35959

400133716914  
07/29/08--01024--004 \*\*1208.75

**REINSTATEMENT** 05-08  
CR2E081 (12/07)

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

1401 H. Street, NW, Suite 760

Suite, Apt. #, etc.

City & State

Washington, DC

Zip

20005

Country

USA

3. Mailing Office Address

1900 Overlook III 2859 Paces Ferry

Suite, Apt. #, etc.

City & State

Atlanta

Zip

30339

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/26/2003

5. FEI Number

88-0510282

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Catherine Botticelli*  
Catherine Botticelli, Asst Secy of  
NRAI Services

Date 7/10/2008

REGISTERED AGENT MUST SIGN

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
Officer	Ned N. Fleming, III	5420 LBJ Freeway, Suite 1000	Dallas, TX 75240
Officer	Ronald E. Smith	1900 Overlook III, 2859 Paces Ferry	Atlanta, GA 30339
Officer	Robert C. Moore	1900 Overlook III, 2859 Paces Ferry	Atlanta, GA 30339
Officer	Michael Leamanczyk	1900 Overlook III, 2859 Paces Ferry	Atlanta, GA 30339
Officer	Karin Reid	1900 Overlook III, 2859 Paces Ferry	Atlanta, GA 30339
Officer	James Jinhong	1900 Overlook III, 2859 Paces Ferry	Atlanta, GA 30339

10. 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 contained in Chapter 119, 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:

*Robert C. Moore*

Robert C. Moore

7/11/2008

770-257-1777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2008/14