

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

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

DOCUMENT # F03000006385  
1. Corporation Name  
ProBuilders Specialty Insurance Company, RRG

W08-35959

**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 Country  
20005 USA

3. Mailing Office Address  
1900 Overlook III 2859 Paces Ferry

Suite, Apt. #, etc.

City & State  
Atlanta

Zip Country  
30339 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 State Zip Code  
Weston FL 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* 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 #

08/14