

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 OCT 20 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FL 32301

DOCUMENT # F12000001148

1. Corporation Name

CPR RISK MANAGEMENT, INC.

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

101 W PEORIA AVE

Suite, Apt. #, etc.

STE 100

City & State

Phoenix, AZ

Zip

85029

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

500253053485

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/2012

5. FEI Number

45-4167263

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

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

REINSTATEMENT

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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

Judith Reyes

Judith Reyes

Assistant Secretary

Date

10/21/13

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
Dir.	Adam C. Vandervoort	485 Madison Ave	NY, NY 10022
CEO	Mary Vanek Pozuelo	270 First Ave South Suite #100	Saint Petersburg, FL 33701
Pres.	Merry Gann	270 First Ave South Suite #100	Saint Petersburg, FL 33701
Sec	Loan Nisser	485 Madison Ave	NY, NY 10022
AsSec	Alison Galante	485 Madison Ave	NY, NY 10022

10. E-mail Address: agalante@sslicny.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:

Alison Galante

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/13

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 853536 4327335

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 750.00

ORDER DATE : October 21, 2013

ORDER TIME : 12:31 PM

ORDER NO. : 853536-005

CUSTOMER NO: 4327335

REINSTATEMENT

NAME: CPR RISK MANAGEMENT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS _____

TO AVOID LOSS
SUFFICIENT OF FILING

2013 OCT 21 PM 1:58

RECEIVED
CSC
OCT 21 2013