

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **aa**
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000002554**

1. Corporation Name

**RISK MANAGEMENT SERVICES, INC. OF NORTH CAROLIN
A**

Principal Place of Business

P.O. BOX 1330
SALISBURY NC 28145-1330

Mailing Address

P.O. BOX 1330
SALISBURY NC 28145-1330

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT **aa**

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1997

SP

5. FEI Number

56-2012786

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|-------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------|
| PD | PRESLAR, DEWEY | 2110 EXECUTIVE DRIVE | SALISBURY NC |
| D | JOHNSON, DARRELL | 2110 EXECUTIVE DR | SALISBURY NC |
| ST | JURCH, GEORGE R III | 2110 EXECUTIVE DR | SALISBURY NC |
| D | KENDALL, LAURA | 2110 EXECUTIVE DRIVE | SALISBURY NC |
| | | | 000003078220--S -12/22/99--01071--013 ****750.00 ****750.00 |

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

PETER F. SOUZA

REGISTERED AGENT MUST SIGN

Date **12/6/99**

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., 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/99

Date

Daytime Phone #

DIRECTORS - RMS

AS OF

November-99

| TITLE | NAME | ADDRESS |
|--------------|-----------------|---------------------------------------------|
| Director | Dewey Preslar | 2110 Executive Drive Salisbury, NC 28145 |
| Director | Laura Kendall | 2110 Executive Drive Salisbury, NC 28145 |
| Director | Darrell Johnson | 2110 Executive Drive Salisbury, NC 28145 |

OFFICERS - RMS

AS OF

November-99

| TITLE | NAME | ADDRESS |
|--------------|---------------|---------------------------------------------|
| President | Dewey Preslar | 2110 Executive Drive Salisbury, NC 28145 |
| Sec / Treas | George Jurch | 2110 Executive Drive Salisbury, NC 28145 |