

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 23 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000002554**

1. Corporation Name

**RISK MANAGEMENT SERVICES, INC. OF
NORTH CAROLINA.**

2. Principal Office Address

PO Box 1330

Suite, Apt. #, etc.

City & State

SAUSBURY, NC

Zip

Country

28145

US

3. Mailing Office Address

PO Box 1330

Suite, Apt. #, etc.

City & State

SAUSBURY

Zip

Country

NC

US

REINSTATEMENT

00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

05-14-1997

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. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 S PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

2/23/01

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

See Attached

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 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

G. Linn Evans

Date

2/28/01

Daytime Phone #

704-633-8250

CR2E081 (9/00)

OFFICERS - RMS

AS OF

March-01

TITLE	NAME	ADDRESS
President	Dewey Preslar	2110 Executive Drive Salisbury, NC 28145
Sec / Treas	G. Linn Evans	2110 Executive Drive Salisbury, NC 28145

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DIRECTORS - RMS

AS OF

March-01

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