

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 15 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000003248**

1. Corporation Name

NORTH AMERICAN RISK, INC.

Principal Place of Business

8080 N. CENTRAL EXPWY., STE. 1450
DALLAS TX 75206

Mailing Address

8080 N. CENTRAL EXPWY., STE. 1450
DALLAS TX 75206

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/1997

5. FEI Number

75-2642383

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
C	COOKE, NICHOLAS M	11 VICTORIA ST., 3RD. FL., VICTO	HAMILTON HM 11 BERMUDA
D	HOPEGOOD, DUNCAN	65 LEADENHALL ST.	LONDON EC 3A 2AD ENGLAND
D	JONES, GEORGE	65 LEADENHALL ST.	LONDON EC 3A 2AD ENGLAND
D	SHEEHAN, MICHAEL	VICTORIAL HALL 3RD FL., 11 VICTO	HAMILTON HM 11 BERMUDA
P	QUICK, LEN	8080 N CENTRAL EXPWY., STE. 1450	DALLAS TX 75206

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

F&L CORP.

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

The Greenleaf Building, 200 Laura Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202-3527

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

F&L CORP.

By: *[Signature]*

REGISTERED AGENT MUST SIGN

Date *Dec. 3, 1998*

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Barbara L. Adkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barbara L. Adkins

Dec. 7, 1998

Date

214-891-7031

Daytime Phone #

CR2E040 (9/98)