

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 NOV -3 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F97000003248

**1. Corporation Name**

NORTH AMERICAN RISK, INC.

**2. Principal Office Address**

6311 Atrium Drive

Suite, Apt. #, etc.

Suite 100

City & State

Bradenton, Florida

Zip

34202

Country

USA

**3. Mailing Office Address**

P.O. Box 49228

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34230

Country

USA

**REINSTATEMENT**

**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/require  
for a Certificate of Status

**7. Name and Address of Current 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

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **10/24/03**

**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
P/D	Quick, Len	5400 LBJ Freeway, Suite 880	Dallas, Texas 75240
V/D	Lawless, James	125 Maiden Lane, Fifth Floor	New York, NY 10038

**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]* James Lawless III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/03

Date

212 422 0770

Daytime Phone

CR2000 (10/02)

**FOLEY & LARDNER**  
ATTORNEYS AT LAW

October 31, 2003

**FOLEY & LARDNER**  
777 EAST WISCONSIN AVENUE, SUITE 3800  
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414.271.2400 TEL  
414.297.4900 FAX  
[www.foley.com](http://www.foley.com)

WRITERS DIRECT LINE  
414.297.5647  
[jkschroeder@foley.com](mailto:jkschroeder@foley.com) EMAIL

CLIENT/MATTER NUMBER  
089459-0108

**VIA OVERNIGHT MAIL**

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: North American Risk, Inc.

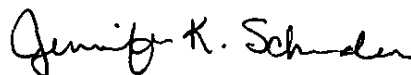
Dear Sir or Madam:

Enclosed please find a Corporation Reinstatement form for North American Risk, Inc., a Texas corporation ("North American").

North American has been administratively dissolved in the State of Florida for failure to file a Uniform Business Report for the year 2003; however, notice of dissolution was never received by North American. Accordingly, enclosed with the Corporation Reinstatement form is a check in the amount of \$158.75 for payment of the Annual Report Fee, Corporate Supplement Fee and Certificate of Status fee. Please mail the Certificate of Status to me at the above address.

Thank you for your assistance in this matter.

Very truly yours,



Jennifer K. Schroeder

Enclosures

cc: Kevin G. Fitzgerald (w/o enc.)



BRUSSELS  
CHICAGO  
DENVER

DETROIT  
JACKSONVILLE  
LOS ANGELES  
MADISON

MILWAUKEE  
ORLANDO  
SACRAMENTO

SAN DIEGO  
SAN DIEGO/DEL MAR  
SAN FRANCISCO  
TALLAHASSEE

TAMPA  
TOKYO  
WASHINGTON, D.C.  
WEST PALM BEACH

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