

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB 19 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

F970000006441

1. Corporation Name

RISK MANAGEMENT ALTERNATIVES, INC.

2. Principal Office Address

4450 RIVER GREEN PARKWAY

Suite, Apt. #, etc.

SUITE 200

City &amp; State

DULUTH GA

Zip

30096

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified

To Do Business in Florida 12/08/97

5. FEI Number

41-1880612

Applied

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

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

1200 SOUTH 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*Vicky Goldstein*

VICKY GOLDSTEIN

Date 2-2-01

REGISTERED AGENT MUST SIGN

SPECIAL ASSISTANT SECRETARY

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 list)		

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:

*Alice P. [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/2/01

Daytime Phone #

## Officers and Directors

Timothy J. Bauer  
Executive Vice President  
SSN: 474-66-0867  
Residential Address:  
4740 Corina Place  
Roswell, GA 30075  
Business Address:  
4450 River Green Pkwy, Suite 200  
Duluth, GA 30096  
Phone: (770) 650-9872

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Phillip A. Canfield  
Director  
SSN: 454-45-8962  
Residential Address:  
2218 North Fremont  
Chicago, IL 60614  
Business Address:  
2220 South Busse Road  
Mt. Prospect, IL 60056-5543  
Phone: (773) 388-2114

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Dennis Cunningham  
Director/President/CEO  
SSN: 109-38-1442  
Residential Address:  
3008 Castle Pines Drive  
Duluth, GA 30097  
Business Address:  
4450 River Green Pkwy, Suite 200  
Duluth, GA 30096  
Phone: (770) 495-0037

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Alice Gwyn  
Assistant Secretary  
SSN: 245-21-6405  
Residential Address:  
2626 Ridgemore Road  
Atlanta, GA 30318  
Business Address:  
4450 River Green Pkwy, Suite 200  
Duluth, GA 30096  
Phone: (770) 232-2413

John Sams  
Executive Vice President  
SSN: 257-74-8640  
Residential Address:  
3722 Davis Bridge Road  
Gainesville, GA 30506  
Business Address:  
4450 River Green Pkwy, Suite 200  
Duluth, GA 30096  
Phone: (770) 536-4714

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Bruce V. Rauner  
Director  
SSN: 345-40-9329  
Residential Address:  
720 Rosewood Avenue  
Winnetka, IL 60093  
Business Address:  
2220 South Busse Road  
Mt. Prospect, IL 60056-5543  
Phone: (847) 501-5848

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Joseph Connolly  
Secretary/Treasurer  
SSN: 022-54-2623  
Residential Address:  
245 Selkirk Lane  
Duluth, GA 30096  
Business Address:  
4450 River Green Pkwy, Suite 200  
Duluth, GA 30096  
Phone: (770) 232-2473