

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F99000005268**

1. Corporation Name

ALL RISKS, LTD. OF THE SOUTHEAST, INC.

Principal Place of Business

Mailing Address

1920 GREENSPRING DRIVE
SUITE 200
TIMONIUM MD 21093

1920 GREENSPRING DRIVE
SUITE 200
TIMONIUM MD 21093

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

21093

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/1999

5. FEI Number

52-0801316

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	CORTEZI, NICHOLAS D	11128 OLD CARRIAGE ROAD	GLEN ARM MD 21057
Chairman VP of the Board	CORTEZI, NICHOLAS D Salladin, William J.	11128 OLD CARRIAGE ROAD 11838 Falls Rd.	GLEN ARM MD 21057 Cockeysville MD 21030
S	HIGGINS, JANINE	717 HESTON LANE	BEL AIR MD 21014
T	LASSEN, JOHN JR	1505 OYSTER COVE DR	GRASONVILLE MD 21638
VP	CORTEZI, NICHOLAS D Dickinson, Martha	11128 OLD CARRIAGE RD	GLEN ARM MD 21057
			300023970393 10/21/03--01062--010 **150.00

8. Name and Address of Current Registered Agent

TARRENCE, DONALD J
500 W. CYPRESS CREEK RD, STE 450
FT. LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name
Marie Taylor
Street Address (P.O. Box Number is Not Acceptable)
3363 W. Commercial Blvd
Suite, Apt. #, Etc.
Suite 115
City
Ft. Lauderdale State
FL Zip Code
33309

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. or 617.0505, F.S.

Signature of
Registered Agent

Marie S. Taylor
REGISTERED AGENT MUST SIGN

Date

10/16/03

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

Date

Daytime Phone #

10/10/03 410-844-5810

CR2E040 (7/03)



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Corporate Office

- **Maryland Office**
1920 Greenspring Drive
Suite 200
Timonium, MD 21093
(410) 828-5810
FAX: (410) 828-8179

Department of State
Div of Corporations
PO Box 6327
Tallahassee, FL 32314

Branch Offices

- **Arizona Office**
8805 N. 23rd Avenue
Suite 400
Phoenix, AZ 85021
(602) 494-7200
FAX: (602) 494-0200

Florida Offices

- 3363 W. Commercial Blvd.
Suite 115
Ft. Lauderdale, FL 33309
(954) 731-5600
FAX: (954) 731-5554
- 1001 N. US Highway One
Suite 304
Jupiter, FL 33477
(561) 748-1250
FAX: (561) 748-1560

To Whom It May Concern,

Please take into consideration that no one currently employed at our organization received any information regarding All Risk, Ltd. corporate report to Florida. We have made changes to the report, as Don Terence is no longer with us. Please not the other changes to officers/directors page as well. If it is possible I would like the mailing address directed to the attention of accounting or Patrick Workman.

Sincerely,

A handwritten signature in black ink that reads "Patrick Workman".

Patrick Workman
Accounting Manager

- **Georgia Office**
2160 Satellite Blvd.
Suite 170
Duluth, GA 30097
(770) 495-3588
FAX: (770) 495-3591

Pennsylvania Offices

- 2555 Kingston Road
Suite 250
York, PA 17402
(717) 600-0417
FAX: (717) 600-2291
- 1100 E. Hector Street
Suite 315
Conshohocken, PA 19428
(610) 832-0276
FAX: (610) 832-1508

- **Virginia Office**
9030 Stony Point Pky.
Suite 230
Richmond, VA 23235
(804) 330-4652
FAX: (804) 330-9485

