2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 15, 2009
Secretary of State

DOCUMENT# L04073

Entity Name: NATIONAL RISK MANAGEMENT & ASSOCIATES, INC.

Current Principal Place of Business:

755 W. STATE ROAD #434
F
LONGWOOD, FL 32750 US

New Principal Place of Business:

755 W. STATE ROAD #434
SUITE F
LONGWOOD, FL 327505136 US

Current Mailing Address:

P.O. BOX 1550
LONGWOOD, FL 32752 US

New Mailing Address:

P.O. BOX 1550
LONGWOOD, FL 327521550 US

FEI Number: 59-2957805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAY, ROBERT J
606 MAINE COURT
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

RAY, ROBERT J
606 MAINE COURT
LONGWOOD, FL 327505246 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT J. RAY 12/15/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RAY, ROBERT J
Address: 606 MAINE COURT
City-St-Zip: LONGWOOD, FL 23750

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RAY, ROBERT J
Address: 606 MAINE COURT
City-St-Zip: LONGWOOD, FL 327505246

Title: VP ( ) Change (X) Addition
Name: COMEAU, JOAN
Address: 860 CHERRY VALLEY WAY
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. RAY P 12/15/2009
Electronic Signature of Signing Officer or Director Date