COMPĂNY REINSTATEMENT



Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L99000003212

1. Limited Liability Company's Name
Independent Colleges and Universities Risk Management Association, L.L.C.

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COMPLETING THIS FORM.

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2. Principal Office Address 7380 Sand Lake Road		3. Mailing Office	Address				
		7380 Sand 1	Lake Road	4. State/Country of Formation			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		United States		
390 City & State Orlando, Florida		390		5. Date Organized or Qualified To Do Business in Florida June 4. 1999			
		-City & State		6. FEI Number		Applied For	
				59-3624619	~ · =	Not Applicable	
Zip		Country	Zip	Country	7.	5.00 6.4-141	\
32819		Orange/U.S.	32819	Orange/U.S.	CERTIFICATE OF STATUS DESIRED	\$5.00 Additional Fee required for a Certificate of Status	
			8. Name	and Address of Current Regist	tered Agent		
	Name						1
	<u>Glenn</u>	Tobey					
	I a	U	. Al. A	· En man at			

	7380 Sand Lake Road: Ste. 390 Suite, Apt. #, Etc. 390 City Orlando		State Zip Code FL 32819
9. I, being	appointed the registered agent of the above named limited	d liability company, am familiar with and accept the obligat	tions of Chapter 608, F.S.
Signature o Registered	of AgentREGISTERED AG	ENT MUST SIGN	Date
10. Name	es and Street Addresses of Managing Members/Managers		
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Timothy H. Czerniec Barry University	11300 NE Second Avenue	Miami Shores, FL 33161
MGR~	Randy Livingston Clearwater Christian College	3400 Gulg-to-Bay Blvd.	Clearwater, FL 33759-4595
MGR	Howard Neer Nova Southeastern University	3301 College Avenue	Ft. Lauderdale, FL 33314-779
MGR	Allen M. McEniry Palm Beach Atlantic Univ.	901 South Flagler Dr.	W.Palm Beach, FL 33416-4708
MGR	Timothy I. Hill Ringling School of Art&Design	2700 N. Tamiami Trail	Sarasota, FL 34234
MGR	John Kautz Southeastern College	1000 Longfellow Blvd.	Lakeland, FL 33801

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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	QT .	1.55
Managing	or Member/Manager	· I am
	•	

Date 10/13/03 Daytime Phone # 94/-359-75/

Typed or printed name of signing Managing Member/Manager

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY. COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

03 MAY 24 of AIP 8299

DOCUMENT # 199000003212				SEUB	SECRETARY OF STATE				
Indep			Universitie	es Risk Management	C I LAT		e, Florida		
2. Principa	al Office Addre	age .	3. Mailing Of	ffice Address	_				
•	and Lake			d Lake Road	4. State/Cour	intry of Form	mation		
Suite, Apt. #		2 RUAU	Suite, Apt. #, e		United S				
390			390		5. Date Organ		ualified orida		
City & State			City & State				June 4		olied For
Or <u>land</u>	o, Flor	ida	Orlando	, Florida	59-36246		·		Applicable
Zip		Country	Zip	Country	7.	T OF STATI		0 Additional F	Fee required
32819	·	Orange/U.S.	3281 <u>9</u>	Orange/U.S.		EUFSIAIG		r a Certificate	
	Name		8. א	lame and Address of Current Re	gistered Agent		70.00		1
		dress (P.O. Box Number in Sand Lake Road . #, Etc.	•			State FL	Zip Code 32819		
9. I, being Signature of Registered <i>i</i>	of	registered agent of the a	above named limited	d liability company, am familiar wit	h and accept the obliga	ations of Cha	•		
10. Name	s and Street	Addresses of Managing N	Members/Managers						
Titles	Name of Managing Members/Managers		Street Address o Managing Member			City / State / Zip			
MGR	Ellen M. Paige Jacksonville University			2800 University Blvd.		Jacksonville, FL 32211 —			
MGR	, -	d F. Bonhomme la Institute o		150 W. University	r Blvd.	Melbo	ourne, FL 3	2901	
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Signature of	Date 10/13/03 Daving Phone # 941:359-2511	
Managing Member/Manager / WOLU 3/17/	Date 10/13/03 Daytime Phone # 14/35 9-15 //	_
• ()		
Typed or printed name of signing Managing Member/Manager _	11MO+1 3. H1/	



Arthur J. Gallagher & Co. - Orlando -

October 16, 2003

Sean Toner
Senior Section Administrator
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314

RE: INDEPENDENT COLLEGES AND UNIVERSITIES RISK MANAGEMENT ASSOCIATION, L.L.C.

Ref. No. L99000003212

Dear Mr. Toner:

In response to your letter no. 203A00052827 of September 25, 2003 advising that you were unable to locate a copy of our corporate filing, please note the following:

- Attached is a newly completed reinstatement form to replace the previous lost copy
- Since our check has apparently never been processed, attached is our replacement check in the amount of \$255.00

We understand that the corporate filings are in place and that only this filing was missing from the file. Please advise if anything else is needed, and we look forward to receiving the postcard in January for the 2004 renewal!

West Tola

Sincerely

Dick Schneeberger / Area Vice President

Attachments