2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10000004570

FILED May 14, 2012 Secretary of State

Entity Name: RISK MANAGEMENT ASSOCIATES FLORIDA CHAPTER CORP

Current Principal Place of Business: New Principal Place of Business:

1560 NORTH ORANGE AVENUE C/O ASHLEY HAYS

SUITE 300 7077 BONNEVAL ROAD, 1ST FLOOR WINTER PARK, FL 32789

JACKSONVILLE, FL 32216

Current Mailing Address: New Mailing Address:

C/O ASHLEY HAYS C/O SCOTT SUITS 1560 NORTH ORANGE AVENUE

SUITE 300 7077 BONNEVAL ROAD, 1ST FLOOR WINTER PARK, FL 32789

JACKSONVILLE, FL 32216

FEI Number: 61-1615913 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SUITS, SCOTT ASHLEY, HAYS 1560 NORTH ORANGE AVENUE 7077 BONNEVAL ROAD SUITE 300 1ST FLOOR

WINTER PARK, FL 32789 US JACKSONVILLE, FL 32216 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: ASHLEY HAYS 05/14/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

NORDMANN, LARRY Name: Address: 3312 E. SR 436 City-St-Zip: APOPKA, FL 32703

Title:

Name: GIRDWOOD, ROD Address: 201 CENTER ROAD City-St-Zip: VENICE, FL 34285

Title:

HAYS, ASHLEY Name: 7077 BONNEVAL ROAD Address: City-St-Zip: JACKSONVILLE, FL 32216

Title:

Name: MORRISON, BLAINE

4503 WOODLAND CORP. BLVD., SUITE 100 Address:

City-St-Zip: TAMPA, FL 33614

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LARRY W. NORDMANN Ρ 05/14/2012