

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC -7 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
IBIS RISK MANAGEMENT SERVICES INC.
P00000020477

2. Principal Office Address
80 SW 8TH STREET

3. Mailing Office Address
80 SW 8TH STREET

Suite, Apt. #, etc.
SUITE 2000

Suite, Apt. #, etc.
SUITE 2000

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33130 USA

Zip Country
33130 USA

4. Date Incorporated or Qualified To Do Business in Florida
FEB 25 2000

5. FEI Number
65-0989373

Applied For
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
DEREK BALDWIN

Street Address (P.O. Box Number is Not Acceptable)
80 SW 8TH STREET

Suite, Apt. #, Etc.
SUITE 2000

City
MIAMI

State
FL

Zip Code
33130

300004737833-3
-12/26/01--01018-008
***758.75 ***758.75

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
Derek Baldwin

Date
06 DECEMBER 2001

REGISTERED AGENT MUST SIGN

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 |
|-------------|-----------------------------------|--|-----------------------|
| PSID | DEREK BALDWIN | 80 SW 8TH STREET SUITE 2000 | MIAMI FL 33130 |
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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)(f), 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: **DEREK BALDWIN**

Date: **06 DEC 2001** (305) 423-7084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (8/10)