

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 23 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000020477

1. Corporation Name
IBIS Risk Management Services Inc.

2. Principal Office Address
80 SW 8th Street

3. Mailing Office Address
c/o J. Steven Clark

Suite, Apt. #, etc.
Suite 2000

Suite, Apt. #, etc.
16410 N.W. 37th Ave

City & State
Miami Florida

City & State
Miami Gardens Florida

Zip
33130

Country
USA

Zip
33054

Country
USA

REINSTATEMENT 03-05

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

5. FEI Number
650989373

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 S. 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

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 S. Baldwin*
REGISTERED AGENT MUST SIGN

Date 22 March 2005

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
(P/D)	-Derek S. Baldwin	-80 SW 8th Street Suite 2000	Miami Florida 33130

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)(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: *Derek S. Baldwin* Derek Baldwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 March 2005 202-378-7106
Date Daytime Phone #

T. Roberts MAR 31 2005

CR2E081 (01/05)