

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
*02/11/02*  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000105195

1. Corporation Name

MANAGED RISK STRATEGIES, INC.

Principal Place of Business

1170 99TH ST. SUITE 4  
BAY HARBOR FL 33154

Mailing Address

1170 99TH ST. SUITE 4  
BAY HARBOR FL 33154

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~1170 99 ST #4 BAY HARBOR FL 33154~~

3. New Mailing Office Address, If Applicable

~~1170 99 ST #4 BAY HARBOR FL 33154~~

4. Date Incorporated or Qualified To Do Business in Florida

01/01/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~BAY HARBOR FL 33154~~

City & State

~~BAY HARBOR FL 33154~~

5. FEI Number

65-1054360

Applied For

Not Applicable

Zip

33154

Country

USA

Zip

33154

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	BAROUK, BARRY	1170 99TH ST, SUITE 4	BAY HARBOR FL 33154

900008790169

11704702--01096--006 \*\$150.00

*02/11/02*

8. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.  
943 ALMERIA AVENUE  
CORAL GABLES FL 33134~~

BARRY BAROUK  
1170 99 ST #4  
BAY HARBOR FL 33154

9. Name and Address of New Registered Agent

Name ~~BAROUK BAROUK~~

Street Address (P.O. Box Number is Not Acceptable)

1170 99 ST #4

Suite, Apt. #, Etc.

#4

City

BAY HARBOR ISLANDS

State FL

Zip Code

33154

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

*11-21-02*

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*11-21-02*

*352-867-8824*

11/01/02

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

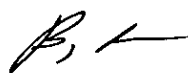
Subject: Managed Risk Strategies, Document #P00000105195, fei # 65-1054360

To Whom it May Concern:

I never received the Uniform Business Report bill for the prior year.(2002) Please indicate new registered agent as Barry Barouk, 1170 99 Street #4, Bay Harbor Islands, FL. 33154.

Enclosed please find check for \$150.00 to reinstate Corporation due to non receipt of prior Uniform Business Report.

Thank You!

  
Barry Barouk