

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR



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

DOCUMENT # P01000053143

1. Corporation Name
FLORIDA INSURANCE RISK MANAGEMENT, INC.

Principal Place of Business Mailing Address
12751 BIGGIN CHURCH RD. SOUTH JACKSONVILLE FL 32224
12751 BIGGIN CHURCH RD. SOUTH JACKSONVILLE FL 32224

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/21/2001	
City & State		City & State		5. FEI Number	
Zip		Country		59-3747407	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	



FILED
02 NOV -5 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	LABBE, TERRI L	12751 BIGGIN CHURCH RD. SOUTH	JACKSONVILLE FL 32224

200008802272
11/05/02 01029 019 **150.00

02 LABBE 178

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
LABBE, TERRI L 12751 BIGGIN CHURCH RD. SOUTH JACKSONVILLE FL 32224		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State	Zip Code
		FL		

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 *TERRI L LABBE* **SIGNATURE REQUIRED** Date *10-29-02*
REGISTERED AGENT MUST SIGN

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: *TERRI L LABBE* **SIGNATURE REQUIRED** Date *10-29-02* Daytime Phone # *904 374-4700*

CR2E040 (8/02)

FLORIDA INSURANCE RISK MANAGEMENT, INC

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◆◆◆
◆ 12751 Biggin Church Road So ◆ Jacksonville, Florida 32224 ◆
◆ Phone 904-374-4700 ◆ Fax 904-992-7409 ◆
◆ FirmRisk@attbi.com ◆

October 29, 2002

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314-6327

FEIN: 59-3747407

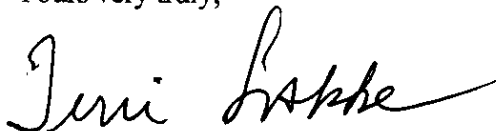
Dear Sir or Madam:

I received your notice for my company's Uniform Business Report fee. We were going to pay the fee when I noticed that your correspondence was a second notice and required a much higher fee. I would have paid the initial fee of \$150.00, unfortunately I did not received the first notice.

We respectfully request that you accept payment of \$150.00 as renewal for our first annual report. Our company pays all its bills by their due date, but does not have a formal system for triggering annual or nonrecurring payments other than the actual receipt of the bill. For this reason, I have no way of knowing that a payment was due to the State of Florida unless the notice was actually received. In addition, we have incorporated on May 21, 2001 and were not aware of the Corporate Fee requirement.

If you have any questions, please do not hesitate to contact me directly. Thank you for your cooperation and understanding in resolving this matter.

Yours very truly,



Terri L. Labbe, President
Florida Insurance Risk Management, Inc.