

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000034817

FILED  
Sep 28, 2006  
Secretary of State

**Entity Name:** EMPLOYER'S RISK MANAGEMENT ALLIANCE, INC

**Current Principal Place of Business:**

871 DOUGLAS AVENUE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 20-2498834

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELLEY, GOLDBERG, LEACH & COHN, P.L.  
475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714 US

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

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:** STEPHEN COHN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** SIHLE, GERALD K  
**Address:** 871 DOUGLAS AVENUE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**Title:** VP ( ) Delete  
**Name:** SIHLE, KENNETH G  
**Address:** 871 DOUGLAS AVENUE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**Title:** T ( ) Delete  
**Name:** SIHLE, MICHAEL  
**Address:** 871 DOUGLAS AVENUE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** GERALD K. SIHLE

P

09/28/2006

Electronic Signature of Signing Officer or Director

Date