

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #** P18235

**1. Corporation Name**

ALL RISK ADMINISTRATORS, INC.

**2. Principal Office Address**

8010 Blind Pass Road

Suite, Apt. #, etc.

**City & State**

PETE BEACH  
St. Petersburg

**Zip**

33706

**Country**

U.S.A.

**3. Mailing Office Address**

Post Office Box 66237

Suite, Apt. #, etc.

**City & State**

PETE BEACH  
St. Petersburg

**Zip**

33736-6237

**Country**

U.S.A.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT

98-03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/01/1988

**5. FEI Number**

592868689

**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**

Dennis Hernandez & Associates, LLC,

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

410 South Cedar Avenue

Suite, Apt. #, Etc.

**City**

Tampa

**State**

FL

**Zip Code**

33606

**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**

REGISTERED AGENT MUST SIGN

**Date** 12-18-02

**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
PTD	Marcotte, Karen	8010 Blind Pass Road	PETE BEACH St. Petersburg, FL 33706
VSD	Marcotte, Francis J.	8010 Blind Pass Road	PETE BEACH St. Petersburg, FL 33706

**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:**

Francis J. Marcotte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-9-02 727 367 3315

**Date**

**Daytime Phone #**

CR2E081 (9/01)