PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			etary	MENT OF ST of State RPORATIONS	TATE			07	FIL	AM 11:1	06 JE		
DOCUMENT # \$37458								IÄI	unt i An LAHASS	Y OF STA SEE, FLO	RIDA		
Ames & Gough Insurance Risk/Management Inc.													
W87= 42749										- 2			
		3. Mailing Office A 8300 Gree	ffice Address Breensboro Dr.				REIN	ISTATE	MEN E981 (1/07)	05	07		
Suite, Apt. #, etc. Suite, Apt. #, e						4. Date Incorporate or Qualified To Do Business in Florida							
City & State Potomac, MD City & State McLeal			n, VA			5. F	FEI Number			⊢	ed For		
4	usa Zip 22102			Country	6.		ERTIFICATE (OF STATUS DESIR		Additional For a Certificate	ee required		
7. Name and Address of Current Registered Agent							11						
NRAI Services, Inc.					V	1	nstatement i		•				
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive					circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not								
Suite, Apt. #, Etc. Suite 4					received and requesting the reinstatement								
City Weston \ \ \				State Zip Code FL 33331				fee be waived.					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the of NRAI Services Inc. Signature of Registered Agent by: REGISTERED AGENT MUST SIGN							ons of section	n 607.0505 or 6	17.0503, F.S. 3 7 2 5 156011	:979 1_**75()_08_		
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						
Chairman Marshall Ames			300	Greensb	oro [Or. i	#980	McLear	n, VA	22102			
President Daniel Knise			300	Greensb	oro [Or.	#980	McLear	n, VA	22102			
Secretary Gregg Bundschuh			300	Greensb	oro D	Or.	#980	McLear	n, VA	22102			
Ex VP Michael Herlihy			800	Greensb	oro D	Or.	#980	McLear	n, VA	22102			
Gary Gough			300	Greensb	oro E	Or.	#980	McLea	n, VA	22102			
Ex VP David Co	/P David Collings			Greensb	oro [Dr.	#980	McLea	n, VA	22102			
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 contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayline Phone #													