

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

1999 AUG 13 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **995000009393**

1. Corporation Name
Stirling Cooke Risk Management Services, Inc.

Principal Place of Business	Mailing Address
2301 Lucien Way Suite 240 Maitland, FL 32751	6311 Atrium Drive Suite 100 Bradenton, FL 34202

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

REINSTATEMENT

98-99

AD

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.		February 3rd, 1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3294324	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Ray McCartha	2301 Lucien Way Suite 240	Maitland, FL 32751
S/T	David Liput	2301 Lucien Way	Maitland, FL 32751
D	Len Quick	8080 N. Central Expswy Suite 1510	Dallas, TX 75206
D	Mark Cooke	Victoria Hall, 3rd Floor 11 Victoria Street	Hamilton HM11 Burmuda
			000002969850--3
			-08/25/99--01073--012
			****900.00 ****900.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
F & L Corp. 200 Laura Street Jacksonville, FL 32202		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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.

Signature of Registered Agent: *Charles V. McCartha* AUTHORIZED SIGNATORY
REGISTERED AGENT MUST SIGN

Date: _____

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: *Ray McCartha*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/99 407.475-9978
Date Daytime Phone #

CR2E081 (12/98)