PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FCR . REINSTÄTEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT

P99000099092

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

1. Corporation Name

INTERNATIONAL SPECIAL RISKS, LTD.

Principal Place of Business

Mailing Address

405 CENTRAL AVE. SUITE 300 ST PETERSBURG FL 33701

2. New Principal Office Address, If Applicable

ONTRAL

405 CENTRAL AVE. SUITE 300 ST PETERSBURG FL 33701

3. New Mailing Office Address, If Applicable

FILED

00 DEC 26 PM 2: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA



City of Sign		Ony a Olato	.) E/	S. C.	1200	Not Applicable
31. 1/2 Zip 33'	701 Cduntry USA	ST. Peters	Country	6. CERTIFICATE	E OF STATUS DESIRED [8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses of Each Officer and	or Director - (Florida n	onprofit corporations must list at lea	ast 3 directors)		-4
Title(s)	Name of Officers and/or Directors 2	3	Street Address of Each Officer and/or Director		City /	State / Zip
PD	JAKELLIS, RON A		1330 ORIOLE ST		NEW ORLEANS LA 70122	
VD	HUGHES, TIMOTHY A		7017 EDGEWATER DR		MANDEVILLE LA 70471	
OV	JAKELIS, TODD A	. 42	6 14TH AVE NE	`	ST PETERSBURG FL	33701
VD	JAKELIS, RIX S	82	5 INDIAN ROCKS RD	1 111	BELLEAIR FL 33756	
				4		23746
						-01026017 0 ****750.00

GONZALES, DAVE L JR 405 CENTRAL AVE, SUITE 380 -500 05 CENTRAL ST PETERSBURG FL 33701

9. Name and Address of New Registered Agent

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

Zip Code 33701

obligations of Section 607.0505, F.S. 10. I, being appointed the

Signature d Registered

11. Lortify that I am an officer or director or the receiver or type that yet 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.

8. Name and Address of Current Registered Agent