

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S22130

FILED
Nov 12, 2009
Secretary of State

Entity Name: ALLIANCE MARINE RISK MANAGERS OF FLORIDA, INC.

Current Principal Place of Business:

901 SE 17TH ST
STE. 209
FT LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

901 SE 17TH ST
STE 209
FT LAUDERDALE, FL 33316 US

New Mailing Address:

FEI Number: 65-0245805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, DAVID F.
901 SE 17TH ST
STE 209
FT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

ALLEN, DAVID F VD
901 SE 17TH ST
STE 209
FT LAUDERDALE, FL 33316 US

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: DAVID F. ALLEN

11/12/2009

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: VD () Delete
Name: ALLEN, DAVID F
Address: 901 SE 17TH ST., STE 209
City-St-Zip: FT LAUDERDALE, FL 33316 US

Title: PD () Delete
Name: SILBERMAN, FREDRIC A
Address: 1400 OLD COUNTRY RD STE 307
City-St-Zip: WESTBURY, NY 11590 US

Title: VD () Delete
Name: DEPAOLA, VINCENT F
Address: 1400 OLD COUNTRY RD STE 307
City-St-Zip: WESTBURY, NY 11590 US

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 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: VINCENT F. DEPAOLA

VD

11/12/2009

Electronic Signature of Signing Officer or Director

Date