PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 DEC 31 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 07

CR2E061 (1/07)

DOCUMENT # 651698

1. Corporation Name

Clinical Pharmacology International, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
11190 Biscayne Boulevard		11190 Biscayne Boulevard	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami		City & State: Miami	
Zip: 33181	Country: Miami-Dade	Zip: 33181	Country: Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida: March 23, 1999

5. FEI Number: 59-1951936 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.: Suite 310

City: Plantation | State: FL | Zip Code: 33401

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: [signature] Date: December 28, 2007

REGISTERED AGENT MUST SIGN — Ann J. Williams, Assistant Vice President

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
CFO/D	John P. Hamill	11190 Biscayne Boulevard	Miami, FL 33181
D	Jeffrey P. McMullen	11190 Biscayne Boulevard	Miami, FL 33181

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.

John P. Hamill, Chief Financial Officer

SIGNATURE: [signature] 12/24/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SL010 • 1/12/07 C T System Online

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

CLINICAL PHARMACOLOGY INTERNATIONAL, INC.

Certificate of Status	0
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