PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02021L

FILED
02 NOV 15 AM 10:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA
000009001550
11/15/02--01047--018 **150.00

DOCUMENT # F01000000166

1. Corporation Name

MEDICAL RESOURCE NETWORK, INC.

Principal Place of Business	Mailing Address
4909 LAKEWOOD BLVD.. SUITE 540 LAKEWOOD CO 90712	4909 LAKEWOOD BLVD.. SUITE 540 LAKEWOOD CO 90712

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/10/2001

5. FEI Number: 95-4693568 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE 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 nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	YOUNG, LUCIA	4909 LAKEWOOD BLVD., SUITE 540	LAKEWOOD CO 90712
V	SUAREZ, SALLY	4909 LAKEWOOD BLVD., SUITE 540	LAKEWOOD CO 90712
S	EGAN, PATRICIA	4909 LAKEWOOD BLVD., SUITE 540	LAKEWOOD CO 90712
T	GARCIA, MACRINA	4909 LAKEWOOD BLVD., SUITE 540	LAKEWOOD CO 90712

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 11-11-02

REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED — 11-11-02 — 562-220-2838

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

MEDICAL RESOURCE NETWORK

MRN

NURSES WORKING FOR NURSES

November 11, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Application for Reinstatement

Medical Resource Network did not receive the two prior uniform business report (UBR) notices. Accordingly, the Company wishes to file the accompanying report without penalty and has submitted a check in the amount of $150.

Thank you in advance for your cooperation in regards to this matter.

Thank you,

Lucia Young
President, Medical Resource, Inc.

4909 Lakewood Blvd., Suite 540, Lakewood, CA 90712 Toll Free: 877-687-7373 Fax: 800-965-5583

www.mrntravel.com