

To: FL Dept. of State
Subject: 000173.127175

From: Katie Wonsch

Tuesday, June 22, 2010 12:13 PM Page: 1 of 2

Division of Corporations

<https://efile.sunbiz.org/scripts/efilecovr.exe>

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H100001458163)))



H100001458163ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6384

000173.127175

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
MEDRP INTERNATIONAL, INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,200.00

Electronic Filing Menu

Corporate Filing Menu

Help

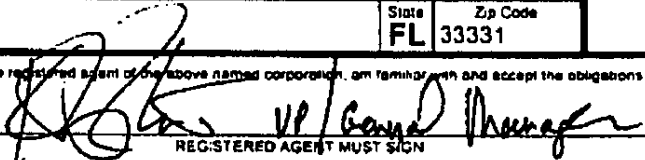
To: FL Dept. of State
Subject: 000173.127175

From: Katie Wonsch

Tuesday, June 22, 2010 12:13 PM Page: 2 of 2

Page 182
H100001458163

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F06000001030 1. Corporation Name MedRP International, Inc.			
2. Principal Office Address - No P.O. Box # 810 Crescent Centre Drive		3. Mailing Office Address 5500 Maryland Way	
Suite Apt. #, etc. Suite 170		Suite Apt. #, etc. Suite 200	
City & State Franklin, TN		City & State Brentwood, TN	
Zip 37067	Country USA	Zip 37027	Country USA
4. Date incorporated or Qualified To Do Business in Florida 2/16/2006			
5. FBI Number 62-1811281		Applied for ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name NRAI Services, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive			
Suite, Apt. #, Etc. Suite 4			
City Weston		State FL	Zip Code 33331
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0305 or 617.0303, F.S. Signature of Registered Agent  Date June 21, 2010 REGISTERED AGENT MUST SIGN			
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
P/D	Mary Farling	810 Crescent Centre, Suite 170	Franklin, TN 37067
S/D	Dean Farling	810 Crescent Centre, Suite 170	Franklin, TN 37067
COO	Jason Pyle	810 Crescent Centre, Suite 170	Franklin, TN 37067
10. E-mail Address: christine@techrp.com (To be used for future annual report notification)			
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. I further certify 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:  Jason Pyle 6/14/2010 (615) 468-0188 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

10 JUN 22 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-10

CR2E061 (6/10)

H100001458163