Florida Department of State

Division of Corporations

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

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

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUN 22 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000001030

1. Corporation Name
MedRP International, Inc.

REINSTATEMENT 07-10

CR2E061 (6/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
810 Crescent Centre Drive		5500 Maryland Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 170		Suite 200	
City & State		City & State	
Franklin, TN		Brentwood, TN	
Zip	Country	Zip	Country
37067	USA	37027	USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/16/2006

5. FEI 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	State	Zip Code
Weston	FL	33331

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: VP / General Manager — REGISTERED AGENT MUST SIGN — Date: June 21, 2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	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 of 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 — Jason Pyle — 6/14/2010 — (615) 468-0188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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