

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003972

1. Corporation Name

CRG INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2000 RIVEREDGE PARKWAY
SUITE 900
ATLANTA GA 30328
US

2000 RIVEREDGE PARKWAY
SUITE 900
ATLANTA GA 30328
US

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

08/25/1993

5. FEI Number

58-1997766

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CDP	LANE, GENE E JR	2000 RIVEREDGE PKWY, 900	ATLANTA GA
AS	PAZERA, FRANK J	2000 RIVEREDGE PARKWAY, STE. 800	ATLANTA GA 30328
TD	GRIFFITHS, DEBBIE	2000 RIVEREDGE PARKWAY, STE 900	ATLANTA GA 30328
D	CHADWICK, JOHN	200 31ST AVENUE, N., STE 200	NASHVILLE TN 37203
D	SCHMIDT, GERALD F	2500 NORTHWINDS PKWY. STE 475	ALPHARETTA GA 30004

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

300003457663--4

-11/08/00--01079--008

***750.00

***750.00

FL

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/13/2000

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-00

Date

(770) 980-0080

Daytime Phone #

KE