PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

F93000003972

1. Corporation Name

CRG INTERNATIONAL, INC.

2. New Principal Office Address, If Applicable

Mailing Address

Principal Place of Business 2000 RIVEREDGE PARKWAY

SUITE 900

ATLANTA GA 30328

Suite, Apt. #, etc.

2000 RIVEREDGE PARKWAY SUITE 900

US

ATLANTA GA 30328

If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. 100 Eag le Crest Blud. <u>7100 Eagle Crest Blud</u>

usa

usa

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEME	M	2001
Date Incorporated or Qualified To Do Business in Florida	08/25/	1993
5. FEI Number 58-1997766		Applied For
		Not Applicable
6.	\$8.75 Ad	ditional Fee require

	and officer Addresses of Each Officer and/of Diff	ector (Florida nonprolit corporations must list at least 3 director	(5)
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
4 900 -	LANE, GENE E JR	2000 RIVEREDGE PKWY, 900	ATLANTA GA
AS	PAZERA, FRANK J	2000 RIVEREDGE PARKWAY, STE. 800	ATLANTA GA 30328-
B	CHADWICK, JOHN	200 31ST AVENUE, N.; STE 200	NASHVILLE TN 37303
D	SCHMIDT, GERALD F	2500 NORTHWINDS PKWY. STE 475	ALPHARETTA GA 30004
COO	William Stapleton	7100 Eagle Crest Blvd.	Evansville, IN 47715
			700048802873 -02/05/0201042021 ****750.00 ****750.00
	8. Name and Address of Current Registe	ered Agent 9. Name a	and Address of New Registered Agent

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

Name

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

Zip Code State 32301

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.

Dec 24 2001

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 filling 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:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Stapleton 10-19-01