0000002347 TheraPro 9900 MAIN STREET SUITE 305 FAIRFAX VA 22031 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 400002498024--1 -04/23/98--01072--013 1. (Corporation Name) *****35.00 *****35.00 (Document #) 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy Photocopy Mail out ☐ Will wait Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION/ OTHER FILINGS OUALIFICATION Annual Report Foreign Fictitious Name APR 2: 8 1998 Limited Partnership Name Reservation

Reinstatement

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Clifford C. Reynolds III

Typed or printed name