

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 FEB 24 AM 10:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F97000002453**

1. Corporation Name

CLINICAL STUDIES, LTD. INC.

Principal Place of Business

Mailing Address

10 DORRANCE STREET
 PROVIDENCE RI 02903
 US

10 DORRANCE STREET
 PROVIDENCE RI 02903
 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.

21 Bloomingdale Road

Suite, Apt. #, etc.

City & State

White Plains NY

City & State

Zip

10605

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/02/1997

5. FEI Number

52-2022424

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
CEO	HEFFERMAN, MICHAEL T <i>Docherty, John</i>	10 DORRANCE STREET <i>21 Bloomingdale Road</i>	PROVIDENCE RI 02903 <i>White Plains, NY 10605</i>
TCFO <i>T+Sec</i>	GILLNEENEY, GARY S <i>Camus, Gary</i>	10 DORRANCE STREET <i>21 Bloomingdale Road</i>	PROVIDENCE RI 02903 <i>White Plains, NY 10605</i>
COO	OTTE, ADRIAN	10 DORRANCE STREET	PROVIDENCE RI 02903
PD	HEFFERMAN, MICHAEL T	10 DORRANCE STREET	PROVIDENCE RI 02903
			200011144692 01/28/03--01081--008 **750.00
			200011144692 02/24/03--01060--021 **150.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTME
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Kristen Betzger
KRISTEN BETZGER
 ASSISTANT SECRETARY
 REGISTERED AGENT MUST SIGN

Date

11.12.02

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:

Gary Camus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03
 Date

914-997-40
 Daytime Phone #

CR2EG40 (8/02)