

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 JAN -3 AM 11:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

500004776015--7
-01/15/02--01056--007
****150.00 ****150.00

00-02 *[Signature]*

DOCUMENT # F99000002806
1. Corporation Name
CRI/AHC, INC.

2. Principal Office Address 6 Concourse Parkway		3. Mailing Office Address 6 Concourse Parkway	
Suffix, Apt. #, etc. 2920		Suffix, Apt. #, etc. 2920	
City & State Atlanta, GA		City & State Atlanta, GA	
Zip 30328	Country	Zip 30328	Country

4. Date Incorporated or Qualified To Do Business in Florida 6/1/99	
5. FEI Number 58-2463490	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for Certificate of Status	

7. Name and Address of Current Registered Agent

Name HCRM Corp.	
Street Address (P.O. Box Number is Not Acceptable) 2200 Corporate Blvd. N.W.	
Suffix, Apt. #, Etc. Suite 401	
City Boca Raton	State - Zip Code FL 33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: *[Signature]* Andrew P. ... V.P. of HCRM Corp.
Date: 1-2-02
REGISTERED AGENT MUST SIGN

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
D	Garrison Kitchen	12 Piedmont Center, ste 210	Atlanta, GA 30305
P	Lawrence Reid	301 Yamato Road, ste 4200	Boca Raton, FL 33431
AS	Peter Kacer	6 Concourse Pkwy, ste 2920	Atlanta, GA 30328
			500004776015--7 -01/15/02--01056--006 ****300.00 ****300.00

10. 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)(f), 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]*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 12/31/01
Daytime Phone #: 877-778-0662

CR2E081 (8/00)