


FILED
 05 MAR -4 PM 2:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F99000002806 1. Corporation Name CR/AHC, Inc.			
2. Principal Office Address 301 Yamato Road Suite, Apt. #, etc. Suite 4200 City & State Boca Raton, FL Zip 33431 Country USA		3. Mailing Office Address 301 Yamato Road Suite, Apt. #, etc. Suite 4200 City & State Boca Raton, FL Zip 33431 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 6/1/1999		5. FEI Number 58-2463490 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		6.75 Additional Fee Required Per Certificate of Status	

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name
 CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
 1200 South Pine Island Road

Suite, Apt. #, Etc.

City
 Plantation

State
 FL

Zip Code
 33324

8. I, being appointed the registered agent of the above named corporation, do herewith with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent Connie Bryan, Special Assistant Secretary Date 3/3/05

REGISTERED AGENT MUST SIGN

9. Name 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
P	Lawrence A. Reid	301 Yamato Road, Suite 4200	Boca Raton, FL 33431
S/T	Peter Kacer	6 Concourse Pkwy., Suite 2920	Atlanta, GA 30328
D	Garrison M. Kitchen	Twelve Piedmont Center, Suite 210	Atlanta, GA 30305
A/S/D	Richard L. Cravey, Jr.	Twelve Piedmont Center, Suite 210	Atlanta, GA 30305

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.; 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., 100% of 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)(b), 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: Peter Kacer Date 3/3/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Division of Corporations

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

CRI/AHC, INC.

Certificate of Status	0
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