

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY 19 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L24703

1. Corporation Name

Concepts in Pharmaceutical Research, Inc

W08000021737

2. Principal Office Address - No P.O. Box #

1985 Compass Cove Dr

Suite, Apt. #, etc.

City & State

Vero Beach Florida

Zip

32963

Country

USA

3. Mailing Office Address

1985 Compass Cove Dr

Suite, Apt. #, etc.

City & State

FT Vero Beach FL

Zip

32963

Country

USA

REINSTATEMENT

CR2E081 (12/07)

06-08

**4. Date Incorporated or Qualified
To Do Business in Florida**

1989

5. FEI Number

650155327

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carol Brandon

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

1985 Compass Cove Dr

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32963

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Carol Brandon

REGISTERED AGENT MUST SIGN

Date 4/23/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CAROL Brandon	1985 Compass Cove Dr	Vero Beach, FL 32963

100126945911

06/05/08--01028--002 **116.25

100126945911

04/29/08--01046--022 **333.75

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 contained in Chapter 119, 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:

Carol Brandon

CAROL BRANDON Pres.D.

4/23/08

7722341975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAY 10 2008