FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 OCT -8 A 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # M06000004981

1. Limited Liability Company's Name
Clinical Research Holdings, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4520 Main Street		4520 Main Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1600		Suite 1600	
City & State		City & State	
Kansas City, MO		Kansas City, MO	
Zip	Country	Zip	Country
64111	USA	64111	USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida 09/12/2006

6. FEI Number
203896456

Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☐

8. 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

☐ A $100 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 $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 9/8/2007

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Clinical Research Investments, LLC	4520 Main Street, Suite 1600	Kansas City, MO 64111

REINSTATEMENT 07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company meets satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date _____ Daytime Phone # 816-360-1835

Typed or printed name of signing Managing Member/Manager Paul L. Burns

FL110 - 07/2007 CT System Online

M06 00000 4581

Florida Department of State

Division of Corporations

Public Access System

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LIMITED LIABILITY REINSTATEMENT

CLINICAL RESEARCH HOLDINGS, LLC

Certificate of Status	0
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