

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED

10 MAR 19 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000057159

1. Corporation Name

Contract Clinical Research Corporation

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

1571 Lasbury Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

1571 Lasbury Avenue

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32789-2738

Country

USA

City & State

Winter Park, FL

Zip

32789-2738

Country

USA

100172649031  
03/19/10--01040--002 \*\*1350.00  
**REINSTATEMENT** 02-10

4. Date Incorporated or Qualified  
To Do Business in Florida 06-08-2001

5. FEI Number  
56-1846176

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

Julie E. O'Malley

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

1571 Lasbury Avenue

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789-2738

☒ 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

Julie E. O'Malley

REGISTERED AGENT MUST SIGN

Date 15 MAR 10

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
P	Julie E. O'Malley	1571 Lasbury Ave	Winter Park, FL 32789
V	Danny O'Malley	1571 Lasbury Ave	Winter Park, FL 32789
T	Andy W. Myers	1210-B S. Main St	Lexington, NC 27292

10. E-mail Address: awm1040@lexcominc.net

(To be used for future annual report notification)

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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julie E. O'Malley

Date

15 MAR 10

Daytime Phone #

407-402-5928

3/22/10