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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 SEP 19 AM 9:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000010793

REINSTATEMENT 02-03

1. Corporation Name
AHRC, Inc.

2. Principal Office Address	3. Mailing Office Address
7061 Grand National Drive	7061 Grand National Drive
Suite, Apt. #, etc.: Suite 148	Suite, Apt. #, etc.: Suite 148
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32819 Country: USA	Zip: 32819 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: May 10, 2001

5. FEI Number: 65-0735398 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: T. Mark Gallagher

Street Address (P.O. Box Number is Not Acceptable): 7061 Grand National Drive, Suite 148

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32819

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: T Mark Gallagher Date: 9/19/03

REGISTERED AGENT MUST SIGN

CR2E061 (1/02)

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
Pres	R. Paul Sprague	70 Main Street	New Canaan, CT 06840
Sec	R. Paul Sprague	70 Main Street	New Canaan, CT 06840
VP	Mark Kozak	70 Main Street	New Canaan, CT 06840

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)(i), 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: Mark Kozak - VP 9/19/2003 (203) 966-7447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jp 9/22

Florida Department of State

Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

AHRC, INC.

Certificate of Status	1
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