

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 SANDRA B. MORTHAM  
 SECRETARY  
 DIVISION OF CORPORATIONS

FILED

97 MAR 14 AM 9:33

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # M 14392

1. Corporation Name  
 Samuel E. Kelly, Inc.  
 Dynamic Healthcare providers, D.B.A.

Principal Place of Business Mailing Address  
 4200 N.W. 72<sup>nd</sup> Street 4980 N.W. 72 Terr  
 Suite 201 Lauderdale, FL 33319  
 Lauderdale, FL 33313

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4/24/85	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2560362	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	James E. Bias	4980 N.W. 72 Terr.	Lauderhill, FL 33319
V. President	Anthony T. Collins	4980 N.W. 72 Terr	Lauderhill FL 33319
Secy.	Mary L. Kelly	3650 N.W. 9 <sup>th</sup> Court	FL Lauderdale, FL 33311

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 \*\*\*\*813.00 \*\*\*\*813.00

8. Name and Address of Current Registered Agent

Samuel E. Kelly, Ed.D.  
 4200 N.W. 72 Terr  
 Suite 201  
 Lauderdale, FL 33313

9. Name and Address of New Registered Agent

Name Samuel E. Kelly Ed.D.  
 Street Address (P.O. Box Number is Not Acceptable)  
 4200 N.W. 72 Terr  
 Suite, Apt. #, Etc.  
 Suite 201  
 City Lauderdale  
 State FL Zip Code 33313

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  
 Samuel E. Kelly, Ed.D.  
 REGISTERED AGENT MUST SIGN

Date 3/11/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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: James Bias  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97

Date 954-733-0888  
 Daytime Phone #

10 MAR 1997