

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary
 DIVISION OF CORPORATIONS

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. 76th 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 4/24/85	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2560362	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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 th Court	Ft. Lauderdale, Fl. 33311

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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	
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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.* Date: 3/11/97
 REGISTERED AGENT MUST SIGN

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 Bear* 3/12/97 954-733-0888
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10 MAR 1997

CR2E040 (12/96)