PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** 作OR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT	#	M.	14392
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1. Corporation Name

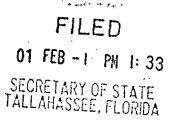
SAMUEL E. KELLY, INC.

Principal Place of Business

Mailing Address

4200 NW 16TH ST. SUITE 200

4980 NW 72 TERRACE LAUDERHILL FL 33319





LAUDERHIL	T FE 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					A Data Inco	ornorated or Qualified			
·					Date Incorporated or Qualified     To Do Business in Florida     04/24/1985				
Suite, Apt. #, etc. Davic Blvd  City& State  Ft. Lauderdale, Fl.  Zip  33319  Crowntry, Zip  Zip  Zip  Zip  Zip  Zip			, etc.		5. FEI Number Applied For				
			City & State	Country		59-2560362 Not.		- Not Applicable	
			Zip			6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee require for a Certificate of Status			
7. Names	and Street Ac	idresses of Each Officer	and/or Director (Flo	orida nonprofit	corporation	ns must list at le	ast 3 directors)		·
Title(s)  Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			r	City / State / Zip		
Р	BIAS, JAN	BIAS, JAMES E. 7101 N.W. 49TH COURT			DURT	LAUDERHILL FL 33319			
S	COLLINS, ANTHONY T. 4980 NW 72 TERRACE			ACE.	LAUDERDALE FL 33319				
S	KELLY; MARY L 3850 NW-6			9TH 60U	COURT FT. LAUDERDALE FL.			而	
				0000036555902					
				9 8 8 <b>8777 43</b> 1	***1208.75 ***1208.75				
		,			TiC.	NUTA	1 2018C		18
	8. Nan	ne and Address of Curr	ent Registered Age	ent	- $  -$		9. Name an	nd Address of New Registered A	gent
BIAS	JAMES E	·~ ·			L.	Samo Samv		Kelly	
7101 N	N.W. 49TH (		, <del>.</del> .			4980	$N \omega$	per is Not Acceptable)	-
LAUDE	RHILL FL 3	3319			`	Suite, Apt. #, Etc			}
		_				CIUC		State FL	Zip Code 33319
10. I, being	appointed th	e registered agent of the	above named corp	oration, am far	miliar with a	and accept the o	bligations of Se	ection 607.0505, F.S.	
Signature of Registered	f Agent	NEK	REGISTERED AC	到 SENT MUST S	QU SIGN	RED		Date <u>0/-36-0</u>	<u>/</u>
		ration owes or Personal Prop				Yes 🛮	No 🗆		for information gible tax.)
this rein owed by	statement apport	plication, the reason for o	dissolution has been the names of individ	èliminated, th luais listed on	ne corporate this form d	e name satisfies to not qualify for	the requirement an exemption (	chapter 607 or 617, F.S. I further onts of section 607.0401 or 617.04 under section 119.07(3)(i), F.S. T	01, F.S., that all fees
			)					05/	. (