

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # M14392

1. Corporation Name

SAMUEL E. KELLY, INC.

Principal Place of Business

4200 NW 16TH ST.  
SUITE 200  
LAUDERHILL FL 33313

Mailing Address

4980 NW 72 TERRACE  
LAUDERHILL FL 33319

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. 3201 Davie Blvd

City & State Ft. Lauderdale, Fl.

Zip 33319 Country Broward

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

04/24/1985

5. FEI Number

59-2560362

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$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
P	BIAS, JAMES E.	7101 N.W. 49TH COURT	LAUDERHILL FL 33319
S	COLLINS, ANTHONY T.	4980 NW 72 TERRACE	LAUDERDALE FL 33319
S	<del>KELLY, MARY L.</del>	<del>3050 NW 9TH COURT</del>	<del>FT. LAUDERDALE FL 33311</del>
000003655590---2 -02/07/01--01028--005 ***1208.75 ***1208.75 REINSTATEMENT 98-01 TS			

8. Name and Address of Current Registered Agent

BIAS, JAMES E  
7101 N.W. 49TH CT  
LAUDERHILL FL 33319

9. Name and Address of New Registered Agent

Name Samuel E. Kelly  
Street Address (P.O. Box Number is Not Acceptable) 4980 NW 72 Terr  
Suite, Apt. #, Etc.  
City Lauderhill State FL Zip Code 33319

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

*Signature* REGISTERED AGENT MUST SIGN

Date 01-30-01

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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:

*Signature* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/01 Date

954-587-8689 Daytime Phone #



FILED

01 FEB -1 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2ED40 (9/98)