



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV -3 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600137569076
11/03/08--01047--010 **1208.75

REINSTATEMENT 05-08

DOCUMENT # P02000009850

1. Corporation Name

Berean Healthcare Staffing Incorporated

2. Principal Office Address - No P.O. Box #

1806 N. FLAMINGO ROAD

Suite, Apt. #, etc.

SUITE 100

City & State

PEMBROKE PINES, FL

Zip

33028

Country

USA

3. Mailing Office Address

1806 N. FLAMINGO ROAD

Suite, Apt. #, etc.

SUITE 100

City & State

PEMBROKE PINES, FL

Zip

33028

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 1/29/2002

5. FEI Number
01-0594833

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SHAWN C. SNYDER, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

7931 SW 45TH STREET

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33328

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/27/08

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
D,P,T	JOELNIKA KELTY	1224 NW 137TH TERRACE	PEMBROKE PINES, FL 33028
D,VP	DARIAN KELTY	1224 NW 137TH TERRACE	PEMBROKE PINES, FL 33028
S	DARIAN KELTY	1225 NW 137TH TERRACE	PEMBROKE PINES, FL 33028

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 contained in Chapter 119, 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

JOELNIKA KELTY 10/30/08 954-559-6174

Date

Daytime Phone #