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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 19, 2007 8:00 A.M.
Secretary of State

DOCUMENT #

1. Corporation Name
Bentley Healthcare Corporation
(P93000040135)

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2 Urban Centre 4890 W. Kennedy Blvd.		2 Urban Centre 4890 W. Kennedy Blv	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 400		Suite 400	
City & State		City & State	
Tampa, FL		Tampa, FL	
Zip	Country	Zip	Country
33609-2517	USA	33609-2517	USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/4/93

5. FEI Number: 59-3183925 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): c/o C T Corporation System, 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

☐ 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: Kristen Betzger — Vice President — Date: 9/11/07
(REGISTERED AGENT MUST SIGN)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Robert M. State, M.D.	2 Holland Way (c/o Bentley Pharm., Inc.)	Exeter, NH 03833
DVST	Michael D. Price	2 Holland Way (c/o Bentley Pharm., Inc.)	Exeter, NH 03833

REINSTATEMENT 10-07

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: Robert M State — Robert M. State — 8/31/2007 — 6036586100
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — (Date) — (Daytime Phone #)

FL010 - 1/1/2007 C T System Online

JC 9/19

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Division of Corporations

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

BENTLEY HEALTHCARE CORPORATION

Certificate of Status	1
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