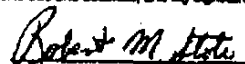


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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)					
2. Principal Office Address - No P.O. Box # 2 Urban Centre 4890 W. Kennedy Blvd. Suite, Apt. #, etc. Suite 400 City & State Tampa, FL Zip 33609-2517		3. Mailing Office Address 2 Urban Centre 4890 W. Kennedy Blvd. Suite, Apt. #, etc. Suite 400 City & State Tampa, FL Zip 33609-2517		4. Date Incorporated or Qualified To Do Business in Florida 6/4/93 5. FE Number 59-3183925 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 9/11/07					
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	Robert M. State, M.D.	2 Holland Way (w/o Bentley Pharm., Inc.)	Exeter, NH 03833		
DVST	Michael D. Price	2 Holland Way (c/o Bentley Pharm., Inc.)	Exeter, NH 03833		
REINSTATEMENT 00-07					
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		8/31/2007		6036586100	

FL010 - 1/1207 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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From:

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Account Number : FCA000000023
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CORPORATION REINSTATEMENT

BENTLEY HEALTHCARE CORPORATION

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