

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 AM 11:01

DOCUMENT # V42276

1. Corporation Name

HANDLEY & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

5970 S.W. 18TH STREET
SUITE 156
BOCA RATON FL 33433

5970 S.W. 18TH STREET
SUITE 156
BOCA RATON FL 33433



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/1992

5. FEI Number

65-0354887

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	HANDLEY, STEPHAN N	5970 S.W. 18TH ST, SUITE 156	BOCA RATON FL 33433

400004653574--6
-10/30/01--01077--009
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KEELEY, JOSEPH F.
2424 N. FEDERAL HIGHWAY
SUITE 314
BOCA RATON FL 33431

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

JOSEPH F. KEELEY
REGISTERED AGENT MUST SIGN

Date

10/15/01

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15 OCT 2001 2:29 PM

CR2E040 (8/01)



Handley & Associates, Inc.

5970 S.W. 18th Street, PMB-156

Boca Raton, FL 33433



Telephone: 561-391-9840

Telefax: 561-392-6857

Consultants for Medical Malpractice & Medical Research

October 16, 2001

Division of Corporations
Annual Report/Reinstatement Section

P.O. Box 6327

Tallahassee, FL 32314-6327

MATTER: Notice of Administrative Dissolution or Revocation

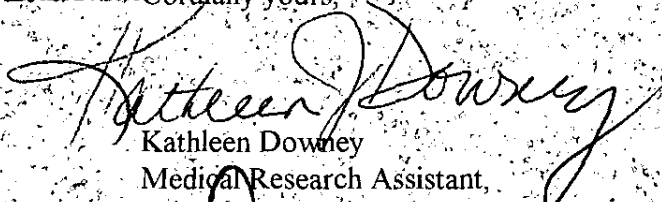
Dear Sirs:

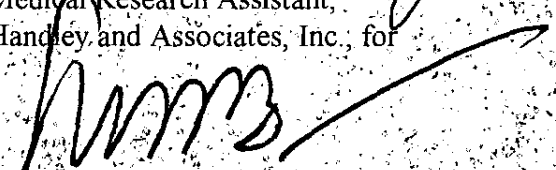
I have enclosed the completed form cited above and pursuant to instructions from "Sean" at telephone number 850-245-6059 on October 15, 2001, I am writing to make you aware that the original filing form was never received by our office. I was informed by "Sean" that there would have been two prior notifications, however neither one was ever received.

I was informed that in the event these forms were not received, I should put that fact in writing to you, along with the completed form (above) and a check in the amount of \$150.00 enclosed.

This is the first time this has ever happened since our incorporation and trust that this letter and payment of our corporate filing fee will be acceptable.

Cordially yours,


Kathleen Downey
Medical Research Assistant,
Handley and Associates, Inc., for


Stephan N. Handley, M.D.
Handley and Associates, Inc.
/kjd