

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED \$450.00
07 MAR -5 AM 10:15

STATE OF FLORIDA
SECRETARY OF STATE

800091536958
03/07/07--01015--017 **450.00

DOCUMENT # P04000007237

1. Corporation Name

National Healthcare Educators, Inc.

REINSTATEMENT 05-07
CR2E051 (1/07)

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

8972 Huntington Pointe Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Zip

34238

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

1/8/2004

5. FEI Number

11-3710502

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
Pamela Garruppo

Street Address (P.O. Box Number is Not Acceptable)
8972 Huntington Pointe Drive

Suite, Apt. #, Etc.

City
Sarasota

State
FL

Zip Code
34238

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

Date 2/26/2007

REGISTERED AGENT MUST SIGN

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
P	Edward Mannine	8972 Huntington Pointe Drive	Sarasota, FL 34238
VP	Pamela Garruppo	8972 Huntington Pointe Drive	Sarasota, FL 34238

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:

Pamela Garruppo
Pamela Garruppo

2/26/2007

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR