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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
 03 JUN 12 PM 3:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

UBP
 DOCUMENT # P94000089333

1. Corporation Name
NHA BEHAVIORAL SERVICES, INC.

2. Principal Office Address <u>999 PONCE DE LEON BLVD.</u>		3. Mailing Office Address	
Suite, Apt. #, etc. <u>SUITE 950</u>		Suite, Apt. #, etc.	
City & State <u>CORAL GABLES, FL</u>		City & State	
Zip <u>33134</u>	Country <u>MIAMI-DADE</u>	Zip	Country

800018312318
 05/06/03--01124--004 **300.00

4. Date Incorporated or Qualified To Do Business in Florida <u>12/9/94</u>	
5. FEI Number <u>65-0539095</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name PATRICIA GREENBERG

Street Address (P.O. Box Number is Not Acceptable)
999 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.
SUITE 950

City CORAL GABLES State FL Zip Code 33134

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 Patricia Greenberg Date 4/25/03

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
Pres.	<u>Patricia Greenberg</u>	<u>999 Ponce de Leon Blvd #950</u>	<u>Coral Gables, FL 33134</u>

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 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: Patricia Greenberg Date 4/25/03 Daytime Phone # 305-444-5007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)



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April 25, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: NHA-BEHAVIORAL SERVICES, INC.
DOCUMENT #: P94000089333

Reinstatement Division:

Enclosed find our check for \$300 representing reinstatement fees for 2002 and 2003 and accompanying forms as directed by your office. We did not receive the Uniform Business Report for 2002 for this corporation. We request the corporation be reclassified as active.

Thank you.

A handwritten signature in black ink, appearing to read "Robert J. Matrazzo", is written over the typed name below.

Robert J. Matrazzo
NHA