

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


APPROVED
AND
FILED

1-82

03 MAY 23 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000034304**

1. Corporation Name

NHA MANAGEMENT SERVICES, INC.

2. Principal Office Address

999 Ponce de Leon Blvd.

Suite, Apt. #, etc.

SUITE 950

City & State

CORAL GABLES, FL

Zip

33134

Country

MIAMI-DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

2002-2003 UBR

4. Date Incorporated or Qualified To Do Business in Florida

4/19/96

5. FEI Number

65-0669737

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

PATRICIA GREENBERG

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

999 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

SUITE 950

City

CORAL GABLES

300018443575

05/07/03--01014--024 **310.00

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

REGISTERED AGENT MUST SIGN

Date

4/25/03

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.	PATRICIA GREENBERG	999 Ponce de Leon Blvd. #950	CORAL GABLES, FL. 33134
C.O.O.	ROBERT NATALZO	999 Ponce de Leon Blvd. #950	CORAL GABLES, FL. 33134

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/03

Daytime Phone #

305-444-5007

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-MANAGEMENT-SERVICES, INC.
DOCUMENT #: P96000034304

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", written in a cursive style.

Robert J. Matrazzo
NHA