المراجع المسا

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

03 MAY 23 PM 12: 45

	····	SEC	SECRETARY OF STATE		
DOCUMENT # P96  1. Corporation Name	000034	304	IALL.	ÁHÁSSEE, FLORÍDA	
NIFA MANAGEM	OUT SER	vices, INC	- <b>-</b>		
2. Principal Office Address 999 But de Low But	3. Mailing Offi	ce Address	700-20	702 LIR	
Suite, Apt. #, etc.	Suite, Apt. #, et	c.		AU VU	
SUITE 950			4. Date Incorporated or Qualified To Do Business in Florida	4/19/96	
CORAL GABLES, FL.	City & State		5. FEI Number 65-0669 737	Applied For Not Applicable	
Zip Country 33/34 Minni Da	Zip	Country	6. CERTIFICATE OF STATUS DESIRED	59.75	

7. Name and Address of Current Registered Agent

	Street Address (P.O. Box Number is Not Acceptable)	BLUD. 05/0	7/0301014024	**30.00
	Suite, Apt. #, Etc. SuiTE 950			
	COLAL GABLES	i ii	State Zip Code FL 33134	
8. I, being	appointed the registered agent of the above named corpo	pration, am familiar with and accept the obligations of section	on 607.0505 or 617.0503, F.S.	10/02
Signature o Registered		LLD . SENT MUST SIGN	Date 4/25	Z0,001) 1803Z30
9. Names	and Street Addresses of Each Officer and/or Director (Flo	orida 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.	PATTICIA GREENBORG	999 Poverde LEON Blood	50 GRANGA	Breg 17. 33/3.
<u>C.0.0.</u>	BOBET MATTALZO	999 Porce de Live Bur, 1699)	CONDEGAMES;	F1. 33134
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			<del></del>	
			سيرن كالمسيور والمسادر والتوسيل	

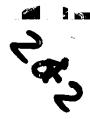
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies 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

SIGNATURE: 1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTE

on this application is true-and accurate, and my signature shall have the same legal effect as if made under oath.

<del>90001844</del>





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.

Robert J. Matrazzo

NHA