FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

13 FEB 22 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

500245042485

CR2E081 (11/10)

DOCUMENT # F10000002480

1. Corporation Name

NATIONAL ASSOCIATION OF HEALTH SERVICES EXECUTIVES, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1050 CONNECTICUT AVE., NW	1050 CONNECTICUT AVE., NA
Suite, Apt. #, etc.: 10TH FLOOR	Suite, Apt. #, etc.: 10TH FLOOR
City & State: WASHINGTON, DC	City & State: WASHINGTON, DC
Zip: 20036 Country: USA	Zip: 20036 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5-27-2010

5. FEI Number: 62-1312239 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

REINSTATEMENT

FEB 22 2013

R. HUNT

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: JOHN H. PELLETIER — Date: 2/27/13

REGISTERED AGENT MUST SIGN — ASST. VICE PRESIDENT

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 director(s))

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Andrea R. Price	1050 Connecticut Ave., NW, 10th Fl	Washington, DC 20036
Director	Corwin Harper	1050 Connecticut Ave., NW, 10th Fl	Washington, DC 20036
Director	Patricia Maryland	1050 Connecticut Ave., NW, 10th Fl	Washington, DC 20036
Director	Eugene Woods	1050 Connecticut Ave., NW, 10th Fl	Washington, DC 20036
Treasurer	Carlton Inniss	1050 Connecticut Avenue, NW, 10th Fl	Washington, DC 20036
Secretary	Renee Frazier	1050 Connecticut Ave., NW, 10th Fl	Washington, DC 20036

10. E-mail Address: bglover@nahse.org
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Andrea R. Price — 2/21/13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 542137 4307404

AUTHORIZATION :

COST LIMIT : $ 358.75

ORDER DATE : February 21, 2013

ORDER TIME : 9:53 AM

ORDER NO. : 542137-005

CUSTOMER NO: 4307404

REINSTATEMENT

NAME: NATIONAL ASSOCIATION OF HEALTH SERVICES EXECUTIVES, INC.

2013 FEB 22 PM 4:36

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS FEB 22 2013 R. HUNT