

# STATE OF GEORGIA

**Secretary of State**

**Corporations Division**

**315 West Tower**

**#2 Martin Luther King, Jr. Dr.**

**Atlanta, Georgia 30334-1530**

## **CERTIFICATE OF REINSTATEMENT**

I, **Brian P. Kemp**, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

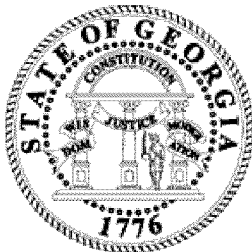
### **NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.**

**a Domestic Non-Profit Corporation**

was formed on **10/26/1993** and later administratively dissolved on **10th day of September, 2010**. Said Non-Profit Corporation has filed an application for reinstatement, has paid all fees and penalties due to the Secretary of State, and has filed an updated annual registration. Attached hereto is a true and correct copy of said application.

WHEREFORE, said entity is hereby reinstated as of April 22, 2011, having met the requirements for reinstatement under Title 14 of the Official Code of Georgia Annotated. The reinstatement shall relate back to and take effect as of the date of the administrative dissolution and the corporation may resume its business as if the administrative dissolution had never occurred.

WITNESS my hand and official seal in the City of Atlanta  
and the State of Georgia on April 22, 2011



A handwritten signature in black ink, appearing to read "B: P. Kemp".

Brian P. Kemp  
Secretary of State



Corporations Division  
 315 West Tower  
 2 Martin Luther King, Jr. Drive  
 Atlanta, Georgia 30334-1530  
 (404) 656-2817

Office of the  
 Secretary of State  
 April 21, 2011

EMAIL: jan.ezell@alston.com

W. MARSHALL SANDERS  
 1201 W PEACHTREE STREET  
 ATLANTA, GA 30309

### Application for Reinstatement of a Domestic Non-Profit Corporation

Pursuant to the provisions of Title 14 of the Official Code of Georgia Annotated, the undersigned Domestic Non-Profit Corporation hereby applies to the Secretary of State for a certificate of reinstatement and for that purpose submits the following:

**NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.**

was administratively dissolved by the Office of Secretary of State on 10th day of September, 2010 for failure to comply with the requirements of Title 14 of the Official Code of Georgia Annotated. Grounds for the dissolution either did not exist or have been eliminated. All taxes owed by the Non-Profit Corporation have been paid. The name, satisfying the requirements of Title 14 of the Official Code of Georgia Annotated, by which the Non-Profit Corporation will hereafter be known, is

**NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.**

This application must be accompanied by the **TOTAL AMOUNT** listed below, only, which is the sum of the "reinstatement fee" and all previous annual registration fees.

Please complete and return all copies of this form with a check made payable to the Secretary of State for the amount due below. This application must be signed by the Chairman of the Board of Directors, President, or other Corporate Officer.

CORPORATION NAME	ADDRESS	CITY	STATE	ZIP
NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	50 HURT PLZ SE STE 765	ATLANTA	GA	30303-2915
CEO: C CHARLES STOKES	50 HURT PLAZA STE 765	ATLANTA	GA	30303
CFO: KELLEY T MOUCHABECK CPA	50 HURT PLAZA SUITE 765	ATLANTA	GA	30303
SEC: RUTH J. KATZ	50 HURT PLAZA SUITE 765	ATLANTA	GA	30303
AGT: C CHARLES STOKES	50 HURT PLAZA STE 765	ATLANTA	GA	30303
IF ABOVE INFORMATION HAS CHANGED, TYPE OR PRINT CORRECTIONS BELOW:				
CORPORATION ADDRESS:		CITY	STATE	ZIP
55 PARK PLACE, NE, SUITE 400		ATLANTA	GA	30303
CEO:	55 PARK PLACE, NE, SUITE 400	ATLANTA	GA	30303
CFO:	55 PARK PLACE, NE, SUITE 400	ATLANTA	GA	30303
SEC:	55 PARK PLACE, NE, SUITE 400	ATLANTA	GA	30303
AGENT:	55 PARK PLACE, NE, SUITE 400	ATLANTA	GA	30303
I CERTIFY THAT I AM AUTHORIZED TO SIGN THIS FORM AND THAT THE INFORMATION IS TRUE AND CORRECT.			COUNTY OF REGISTERED OFFICE:	
AUTHORIZED SIGNATURE: <i>Kelley T. Mouchabek</i>		DATE: 4-26-11	FULTON	
TITLE: CFO				

AMOUNT DUE: \$305.00  
 CONTROL #: K324739

Please complete and return the entire form. DO NOT DETACH.

Return application with fees within 60 (sixty) days to avoid an increase in fees or rejection of current application.