

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 755039**

1. Corporation Name

**THE UNIVERSITY PARK NEIGHBORHOOD ASSOCIATION, INCORPORATED**

Principal Place of Business

1507 N. W. 7TH AVENUE  
GAINESVILLE FL 32603  
US

Mailing Address

P. O. BOX 12103  
UNIVERSITY STATION  
GAINESVILLE FL 32604  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/07/1980

5. FEI Number

59-2834827

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

| 1<br>Title(s) | 2<br>Name of Officers and/or Directors | 3<br>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip |
|---------------|--|--|-------------------------|
| DP            | MURPHY, BERNARD                        | 1507 N. W. 7TH AVENUE  | GAINESVILLE FL          |
| D             | DOWNS, ARNELL                          | 2250 NW 8TH AVE  | GAINESVILLE FL          |
| T             | LINDA, DUNN                            | 2203 NW 9TH PL   | GAINESVILLE FL          |
| D             | SCHNELL, LARRY                         | 2048 NW 7TH LANE   | GAINESVILLE FL          |
| D             | BIRDSONG, CATHY                        | 740 NW 20TH ST   | GAINESVILLE FL          |
| D             | THOMPSON, KENNETH W JR.                | 1807 NW 7TH PL   | GAINESVILLE FL          |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MURPHY, BERNARD  
1507 N. W. 7TH AVENUE  
GAINESVILLE FL 32603

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Bernard Murphy*  
REGISTERED AGENT MUST SIGN

Date 5.20.98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Bernard Murphy*  
*Bernard Murphy*

5.20.98 352.376.0387  
Date Daytime Phone #

CR2040 (8/97)