

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 18 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name 710994

UNITED PHYSICIANS ASSOCIATION, INC.

**2. Principal Office Address**

715 Indian River Avenue

Suite, Apt. #, etc.

City & State

Titusville FL

Zip

32780

Country

Brevard

**3. Mailing Office Address**

715 Indian River Avenue

Suite, Apt. #, etc.

City & State

Titusville FL

Zip

32780

Country

Brevard

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06/03/1966

**5. FEI Number**

59-1224730

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

Harold A. Yount

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

715 Indian River Avenue

Suite, Apt. #, Etc.

City

Titusville FL

State

FL

Zip Code

32780

600041938056

10/18/04--01057--023 \*\*1715.00

**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

*Harold A. Yount*

Date October 13, 2004

REGISTERED AGENT MUST SIGN

**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
P/D	Harold A. Yount	715 Indian River Avenue	Titusville FL 32780
VP/D	Arthur W. Yount	866 Lakeside Drive	North Palm Beach, FL
S/T/D	Carl N. Reilly	304 Nesbit Street	Punta Gorda, FL

**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:**

*Harold A. Yount*

Harold A. Yount

10/13/2004

321-631-6750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (01/04)



# *Law Office Of William C. Shaw*

*6494 Hunt Road*

*Cocoa, Florida 32927*

**www.lawshaw.com**

*Email: Bill@LawShaw.Com*

Bus: (321) 631-6750

October 13, 2004

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: United Physicians Association, Inc.

Gentlemen:

Enclosed please find a completed Corporate Reinstatement Form, for the above referenced Florida not-for-profit corporation.

I have also enclosed my trust check #1525, in the amount of \$1,715.00, as payment for costs, and a new Certificate of Status.


Please mail the Certificate of Status to

William C. Shaw, Esq.

at the above letterhead address. If you need additional information, please feel free to call or write me. You may also reach me by email, as shown above.

Thank you in advance for your prompt attention to this request.

Respectfully,



William C. Shaw  
Attorney for  
United Physicians Association, Inc.

enc: Trust check #1525, \$1,715.00

cc: Harold A. Yount, MD