


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 00 OCT 20 AM 11:34 SECRETARY OF STATE TALLAHASSEE FLORIDA
DOCUMENT # H77913			
1. Corporation Name UVH Management Corp.			
2. Principal Office Address 4 Cedar Swamp Road Suite, Apt. #, etc.		3. Mailing Office Address 4 Cedar Swamp Road Suite, Apt. #, etc.	
City & State Glen Cove, NY		City & State Glen Cove, NY	
Zip 11542	Country USA	Zip 11542	Country USA
		4. Date Incorporated or Qualified To Do Business in Florida 02/06/86	
		5. FEI Number 59-2621016	Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324
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 <i>Jennifer L. Margia - Special Asst. Secy</i>		Date 10/11/2000	
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
C	Carl G. Paffendorf	4 Cedar Swamp Road	Glen Cove, NY 11542
P	Larry L. Laird	11906 Forest Drive	Carmel, IN 46033
V	Paul D'Andrea	4 Cedar Swamp Road	Glen Cove, NY 11542
S	Theresa A. Covier	4 Cedar Swamp Road	Glen Cove, NY 11542
T	Alan Guttman	4 Cedar Swamp Road	Glen Cove, NY 11542
D	Benjamin Frank	5540 N. Ocean Drive, #1A	Singer Island, FL 33404
D	Robert Hoshino	4 Cedar Swamp Road	Glen Cove, NY 11542
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: <i>Alan Guttman</i>		Alan Guttman, Treasurer ¹⁰ /10/00 (516) 759-1188	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>