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FILED

02 DEC 12 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005726

1. Corporation Name
UNIVERSITY HEALTH PARK MAINTENANCE ASSOCIATION, INC.

2. Principal Office Address		3. Mailing Office Address	
600 E.LAS COLINAS BLVD		600 E.LAS COLINAS BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 1800		SUITE 1800	
City & State		City & State	
IRVING TX		IRVING TX	
Zip	Country	Zip	Country
33606	US	33606	US

4. Date Incorporated or Qualified To Do Business in Florida: 10/9/97

5. FEI Number: [ ] Applied For [X] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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

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: Brian Courtney Date: 12-12-02

REGISTERED AGENT MUST SIGN

Asst. V. Pres.

CR2E081 (9/01)

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
D, P	Todd Thomas	600 E.LAS COLINAS BLVD SUITE 1800	IRVING, TX 33606
D, VF	Harold Epstein	600 E.LAS COLINAS BLVD SUITE 1800	IRVING, TX 33606
D,T,S	James W. Morgan, Jr.	600 E.LAS COLINAS BLVD SUITE 1800	IRVING, TX 33606

600009502995

REINSTATEMENT 02

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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: James W. Morgan, Jr. 12/12/02

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

James W. Morgan, Jr.
Assistant Vice President

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ACCOUNT NO. : 072100000032

REFERENCE : 848494 4331602

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 245.00

ORDER DATE : December 12, 2002

ORDER TIME : 11:31 AM

ORDER NO. : 848494-005

CUSTOMER NO: 4331602

CUSTOMER: Angela J. Easton, Legal Asst
Munsch Hardt Kopf & Harr, P.c.
Suite 4000
1445 Ross Avenue
Dallas, TX 75202-2790

DOMESTIC FILINGS

NAME: UNIVERSITY HEALTH PARK
MAINTENANCE ASSOCIATION, INC.

RECEIVED
02 DEC 12 PM 1:01
DIVISION OF CORPORATION

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Norma Parramore

EXAMINER'S INITIALS _____