

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005726

1. Corporation Name
UNIVERSITY HEALTH PARK MAINTENANCE
ASSOCIATION, INC

2. Principal Office Address - No P.O. Box #

220 NORTH MAIN STREET

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

Zip

32601

Country

USA

3. Mailing Office Address

PO BOX 13116

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

Zip

32604

Country

US

7. Name and Address of Current Registered Agent

Name

WEBER, MARY-EVAN

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

220 NORTH MAIN STREET

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32601

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

Mary-Evan Weber

REGISTERED AGENT MUST SIGN

Date 07 / 10 / 08

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	CROSSETTI, JAMES	530 OAK COURT DRIVE, STE 300	MEMPHIS, TN 38117
D	HOGSHEAD, J A	220 N MAIN STREET	GAINESVILLE, FL 32601
D	FUHRMEISTER, BRIAN	2033 MAIN STREET, STE 300	SARASOTA, FL 34237
			600132886796
			07/14/08--01046--008 **253.75

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 contained in Chapter 119, 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:

J A Hogshead

J A HOGSHEAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07 / 10 / 08

Date

352-375-2152

Daytime Phone #

FILED

08 JUL 14 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-08

4. Date Incorporated or Qualified
To Do Business in Florida 10/09/1997

5. FEI Number
NOT APPLICABLE

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.