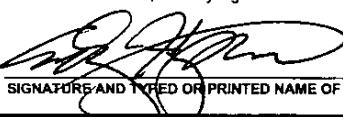


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | |
|--|---|--|---|
| 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 | | 3. Mailing Office Address PO BOX 13116 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State GAINESVILLE, FL | | City & State GAINESVILLE, FL | |
| Zip 32601 | Country USA | 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 |  | | |
| 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 |
| 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 | 07 / 10 / 08 | 352-375-2152 |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |
| Date Daytime Phone # | | | |