

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 19 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO3000072243

1. Corporation Name

Space Coast Uniphyd Health Plan Corporation

2. Principal Office Address

1900 S Harbor City Blvd.

3. Mailing Office Address

1900 S Harbor City Blvd.

Suite, Apt. #, etc.

Suite 315

Suite, Apt. #, etc.

Suite 315

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32901

Country

USA

Zip

32901

Country

USA

REINSTATEMENT 05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

6/30/2003

5. FEI Number

90-0154061

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

Avante Holding Group, Inc.

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

1900 S Harbor City Blvd.

Suite, Apt. #, Etc.

Suite 315

City

Melbourne

State

FL

Zip Code

32901

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

M W Hawkins

Date 4/7/2006

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
CEO	Michael W Hawkins	1900 S Harbor City Blvd. Ste. 315	Melbourne, FL 32901
CCO	Gina Bennett	1900 S Harbor City Blvd. Ste. 315	Melbourne, FL 32901
CTO	Jayson Benoit	1900 S Harbor City Blvd. Ste. 315	Melbourne, FL 32901

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:

M W Hawkins

President

4/7/2006

321-308-0126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Space Coast Uniphyd Health Plan Corporation
1900 S Harbor City Blvd., Suite 315
Melbourne, FL 32901

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

April 24, 2006

RE: Reinstatement Fee

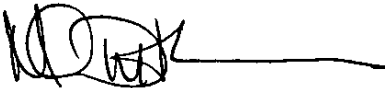
Dear Department of State Representative,

I would like to request that the fees for reinstatement of this Corporation be waived due to the fact that no notice was received for year 2005.

Attached to this letter is a check in the amount of \$300 to reinstate active status with the State of Florida.

Should you have any questions, please call my assistant Leigh Gerke at 321-308-0126.

Thank you for your time and consideration,



Michael W. Hawkins
CEO