

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

97 JAN -6 AM 8:08

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P95000057393

1. Corporation Name

UNITED HEALTH MANAGEMENT, INC.

Principal Place of Business

~~900 NORTH MAITLAND AVENUE  
MAITLAND FL 32751~~

Mailing Address

900 NORTH MAITLAND AVENUE  
MAITLAND FL 32751



REINSTATEMENT 96 ao

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/25/1995

Suite, Apt. #, etc.

341 N. Maitland Ave. #250

Suite, Apt. #, etc.

341 N. Maitland Ave. #250

City & State

Maitland, FL

City & State

Maitland, FL

Zip

32751

Country

USA

Zip

32751

Country

USA

5. FEI Number

59-3333111

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>D</del>	LUBINSKY, RANDY	<del>900 NORTH MAITLAND AVENUE</del>	<del>MAITLAND FL 32751</del>
D	Lubinsky, Randy	341 N. Maitland Ave #250	Maitland, FL 32751
			000002051690--2
			-01/08/97--01128--014
			***915.00 ***915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~A.G.C. CO.~~

~~2300 SUN-BANK CENTER~~

~~200 SOUTH ORANGE AVENUE~~

~~ORLANDO FL 32802~~

Name

Randy Lubinsky

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

341 N. Maitland Ave.

Suite, Apt. #, Etc.

Suite 250

City

Maitland

State

FL

Zip Code

32751

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

Jan. 3, 1997

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

*[Signature]*

1/3/97 (407)  
629.4949

CR2E010 (7/96)