


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # H14834

1. Corporation Name

UNIVERSAL CONCEPTS OF PASCO, INC.

Principal Place of Business

Mailing Address

6446 PENNSYLVANIA AVENUE. #1  
IVY TERRACE VILLAS  
NEW PORT RICHEY FL 34653

6446 PENNSYLVANIA AVENUE. #1  
IVY TERRACE VILLAS  
NEW PORT RICHEY FL 34653

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 87  
Port Richey, FL  
34673-0887 PASCO

4. Date Incorporated or Qualified  
To Do Business in Florida

08/02/1984

5. FEI Number

59-2466785

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	NEZBETH, BILL, SR.	6446 PENNSYLVANIA AVE #3	NEW PORT RICHEY FL

700003493087--8  
-12/11/00--01027--014  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEZBETH, BILL, SR.  
6446 PENNSYLVANIA AVE #3  
IVY TERRACE VILLAS  
NEW PORT RICHEY FL 34653

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Bill Nezbeth Sr.*  
REGISTERED AGENT MUST SIGN

Date

10/24/00

11. 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: *Bill Nezbeth Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BILL NEZBETH SR.

Date

10/24/00

Daytime Phone #

727-848-1992

REINSTATEMENT 2000

FILED  
00 OCT 30 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E040 (8/00)