

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 24 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32813

1. Corporation Name

PASCO AIDS SUPPORT COMMUNITY ORGANIZATION, INC.

Principal Place of Business

Mailing Address

P O BOX 577
NEW PORT RICHEY FL 34656

P O BOX 577
NEW PORT RICHEY FL 34656

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

06/14/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

59-2962044

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HULSAVER, RONALD	5102 SOUTH ROAD	NEW PORT RICHEY FL 34652
PD	MEINZINGER, PHILIP	6601 TRICHEL LN APT. 9	NEW PORT RICHEY FL 34652 34653
SC	DEAN CASTELLANO,	8240 NEBRASKA AVENUE APT. 6	NEW PORT RICHEY FL 34652-34668
VPD	ROBERT KRAVABLOSKI,	6814 GURLEY LANE 9919 Woodstock Ln.	HUDSON FL 34667 PORT RICHEY, FL 34668
TD	HADDOCK, DYANE	5918 MAKI LANE	New Port Richey, FL 34652

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HULSAVER, RONALD
5102 SOUTH ROAD
NEW PORT RICHEY FL 34652

Name
PHILIP MEINZINGER
Street Address (P.O. Box Number is Not Acceptable)
6601 TRICHEL LN. APT. 9
Suite, Apt. #, Etc.
APT. 9
City
NEW PORT RICHEY
State
FL
Zip Code
34653

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. or 617.0505, F.S.

Signature of
Registered Agent

PHILIP S. MEINZINGER
REGISTERED AGENT MUST SIGN

Date

10/21/03

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:

PHILIP S. MEINZINGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03
Date

727 847 8330
Daytime Phone #

CR2ED40 (7/03)

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Pasco AIDS Support Community Organization, Inc.
P.O. Box 577
New Port Richey, FL 34656

October 21, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Please note: enclosed you will find the filled out & corrected Document #N32813. I spoke with your office on this date in reference to this document when I was informed that you had previously sent a reject letter to us. This letter was not received by my office.

I am in hopes that you can waive the reinstatement fee due to our not receiving your reject letter before this date.

Thank you for your attention to this matter.

Phillip S. Meinzinger
President

tbm/PSM