

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N97000003646

1. Corporation Name

"UNION / WEST PASCO HUMAN SERVICES, INC."

Principal Place of Business

6235 PINEHILL ROAD
NEW-PORT RICHEY FL 34668

Mailing Address

6235 PINEHILL ROAD
NEW-PORT RICHEY FL 34668

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State
Port Richey

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State
Port Richey

Zip

Country

REINSTATEMENT

FILED

98 DEC 28 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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
D		HINSON, JR., FREDDIE REV. DELETE		2724 QUIET HOLLOW COURT		NEW-PORT RICHEY FL 34665
D		GADSON, JAKIE JR.		1970 SOULE ROAD		CLEARWATER FL 34619
D		BROWN, EUGENE O		3499 CLEARSPRINGS ROAD		SPRINGHILL FL 34609
D		Harris, E.C.		8225 Oakleaf Drive		Port Richey, FL 34668
						500002733785--1
						-01/07/99--01095--003
						****175.00 ****175.00
						500002733785--1
						-01/07/99--01095--004
						****175.00 ****175.00

8. Name and Address of Current Registered Agent

HUGGINS, THOMAS III
4601 W. KENNEDY BOULEVARD
SUITE 124
TAMPA FL 33609

9. Name and Address of New Registered Agent

Name Jakie Gadson
Street Address (P.O. Box Number is Not Acceptable)
1970 Soule Rd.
Suite, Apt. #, Etc.

City Clearwater State FL Zip Code 34619

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

Jakie Gadson

REGISTERED AGENT MUST SIGN

Date 12-22-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Jakie Gadson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-22-98 727-9373529
Date Daytime Phone #

CR2E040 (9/98)