

# 2005 FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000007320

1. Entity Name  
UNIVERSITY PARK ENTERPRISES, INC.



FILED

05 MAY -2 PM 5:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
132 WHITAKER ROAD  
STE A  
LUTZ, FL 33549

Mailing Address  
PO BOX 272046  
TAMPA, FL 33688

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 04-05  
04652605 REIN-5 CR2E098 (6/04)

4. FEI Number  
52-2085278

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHN, VANESSA N ESQ  
1110 N. FLORIDA AVE  
TAMPA, FL 33602

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME REIBER, TYLER D  
STREET ADDRESS P.O. BOX 272046  
CITY-ST-ZIP TAMPA, FL 33688

TITLE ☐ Change ☐ Addition  
NAME 500055328955  
STREET ADDRESS 05/25/05--01038--015 \*\*\*900.00  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME VAN BEBBER, GREG  
STREET ADDRESS 132 WHITAKER RD, STE A  
CITY-ST-ZIP LUTZ, FL 33549

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SCHMID, ROBERT  
STREET ADDRESS P.O. BOX 1969  
CITY-ST-ZIP TAMPA, FL 33601

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TYLER D REIBER, PRESIDENT

4/28/05

(813) 404-9133