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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

05 NOV 28 PM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # W05000046235

1. Corporation Name

n38387  
Adolescent Primary Pregnancy Prevention Learning  
Enrichment Project, Inc.

2. Principal Office Address

2351 N.W. 196st.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33056

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

May 30, 1990

5. FEI Number

65-0200458

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

A. Nadine Gay

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

2351 N.W. 196 st.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33056

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*A. Nadine Gay*

REGISTERED AGENT MUST SIGN

Date 11/14/2005

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	A. Nadine Gay	2351 N.W. 196st.	Miami, FL 33056
D	Mamie Williams Newborn	8159 N.W. 12th ct.	Miami, FL 33147
D	Pernella Burke	1380 N.W. 96st.	Miami, FL 33147

10. 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:

*A. Nadine Gay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/05

Date

305-620-9002

Daytime Phone #

6 Mitchell NOV 29 2005

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## THE TAX DOCTOR, LLC

290 N.W. 183<sup>rd</sup> St.  
Miami, FL 33169  
Telephone (305) 614-2975  
Facsimile (305) 614-2978  
[www.TheTaxDoctorLLC.net](http://www.TheTaxDoctorLLC.net)

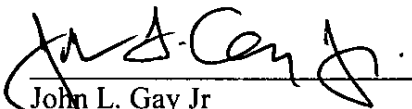
November 15, 2005

To Florida Department of State,

This is to inform you that our client Adolescent Primary Pregnancy Prevention Learning Enrichment Project, Inc. did not receive the notice for the annual UBR report for the 1999 year. A notice for dissolution was also not received. This in turn resulted in the company being stated as inactive since 1999 to the present year of 2005. Due to this matter, the company must be reinstated as an active LLC with the Florida Department of State. Please make the necessary provisions in order to waive the penalty fee for reinstatement.

Thank you. Your response is greatly appreciated.

Sincerely,

  
John L. Gay Jr  
Chief Executive Officer