

10f2


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.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33056	Country	Zip	Country

10-26-05 01039 002 # 428.75  
**REINSTATEMENT** 99-05

4. Date Incorporated or Qualified To Do Business in Florida May 30, 1990

5. FEI Number 65-0200458

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 Date 11/14/2005

REGISTERED AGENT MUST SIGN

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	2351N.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 11/14/05 305-620-9002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

202

# 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)

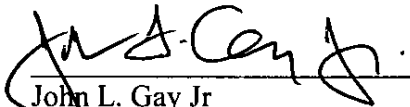
November 15, 2005

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