

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000031028

1. Corporation Name

PREPENSE, INC.

2. Principal Office Address

270 N.W. 3rd Court

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432-3720

Country

U.S.A.

3. Mailing Office Address

270 N.W. 3rd Court

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432-3720

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business In Florida**

March 22, 2000

5. FEI Number

311752294

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

Ledyard H. DeWees

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

270 N.W. 3rd Court

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432-3720

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**

Ledyard H. DeWees

REGISTERED AGENT MUST SIGN

Date

10/25/06

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
P/D	Ledyard H. DeWees	270 N.W. 3rd Court	Boca Raton, FL 33432
S	Carolyn C. O'Brien	270 N.W. 3rd Court	Boca Raton, FL 33432

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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 contained in Chapter 119, 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:

Ledyard H. DeWees
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/06

561-368-1427

Daytime Phone #