

2/13/13

*W*

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 JAN 14 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P94000082387  
Prevention Projects, Inc.

1. Corporation Name

2. Principal Office Address

13743 US 98 Bypass

3. Mailing Office Address

13743 US98 Bypass

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dade City, FL

City & State

Dade City, FL

Zip

33525

Country

Pasco

Zip

33525

Country

Pasco

4. Date Incorporated or Qualified  
To Do Business in Florida

Nov 7, 1994

5. FEI Number

65-0734619

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Martin I. Driscoll

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

12116 52nd St.

Suite, Apt. #, Etc.

Temple Terrace, FL

City

State

FL

Zip Code

33617

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

*Martin I. Driscoll*

REGISTERED AGENT MUST SIGN

Date 1/11/02

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Martin I. Driscoll	12116 52nd St.	Temple Terrace, FL 33617

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)(b), 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: *Martin I. Driscoll*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(352) 523-0024

Call

Daytime Phone: #

CRJEC31 (9/01)

# Prevention Projects, Inc.

2002

13743 US 98 Bypass  
Dade City, FL 33525

Phone 352-523-0024  
Fax 352-523-1076

January 11, 2002

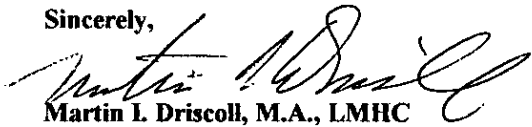
Florida Dept. of State  
Division of Corporations  
Corporation Reinstatement  
PO Box 6327  
Tallahassee, FL., 32314

## To Whom It May Concern:

This letter is a request for waiver of late fees for reinstatement of my corporate license. I have spoken with two of your representatives over the past two days and both confirmed that notification of my corporate fee bill and reminder were mailed to my previous address of on Seventh Street in Dade City instead of the correct address stated above on the letterhead. I have been at the new address for over a year and never received any notification. I am in the process of purchasing the building at this address which I have been renting. It was during the financing process that it came to my attention that I was not in good standing with the corporation division of the department.

Enclosed is my check for \$300 to cover the past due and the current fee. Please contact me immediately if there is a problem with waiving the reinstatement fees and putting the corporation in good standing. I have a closing date coming up in two weeks and hope to have this resolved as soon as possible. Thank you for your help on this matter.

Sincerely,



Martin L. Driscoll, M.A., LMHC  
President, Prevention Projects, Inc.