

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 NOV -4 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000019199

1. Corporation Name

21ST CENTURY PREVENTION, INC.

Principal Place of Business

244 SHEFFIELD CIRCLE W
PALM HARBOR FL 34683

Mailing Address

244 SHEFFIELD CIRCLE W
PALM HARBOR FL 34683



REINSTATEMENT

9912

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/24/1997	
City & State		City & State		5. FEI Number	
Zip		Country		59-3441170	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	FISCHER, JANIE	244 SHEFFIELD CIRCLE W	PALM HARBOR FL 34683

4000003046574--0
-11/17/99--01005--012
****750.00 ****750.00

8. Name and Address of Current Registered Agent

WILSON, WARREN A III
31608 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684

9. Name and Address of New Registered Agent

Name: Marty Yost
Street Address (P.O. Box Number is Not Acceptable): 1799 North Belcher Rd
Suite, Apt. #, Etc.: # A
City: Clearwater
State: FL
Zip Code: 33765

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date: 11/2/99

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janie Fischer

Date

Oct 18, 99

Daytime Phone #

786-9537