

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000048647

1. Corporation Name

ATLANTIC SOUTHERN PREVENTIVE SERVICES INC.

Principal Place of Business

300 BISCAYNE WAY
SUITE #618
MIAMI FL 33131
US

Mailing Address

300 BISCAYNE WAY
SUITE #618
MIAMI FL 33131
US

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



2002 UBR #

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/02/1997

5. FEI Number

65-0816969

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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
P	LAPERUTA, FRANK	300 BISCAYNE WAY STE #618	MIAMI FL 33131

000008829690
11/08/02--01073--016 **150.00

8. Name and Address of Current Registered Agent

LA PERUTA, FRANK
300 BISCAYNE WAY STE #618
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

CR2ED4G (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

Frank Laperuta SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-25-02

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:

Frank Laperuta SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-02

Date

305-308-6858

Daytime Phone #

PHONE:305-308-6858

FAX:305-373-7899

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ATLANTIC SOUTHERN PREVENTIVE SVCS.,INC.
300 BISCAYNE BLVD. WAY #618
MIAMI,FL. 33131

OCTOBER 25,2002

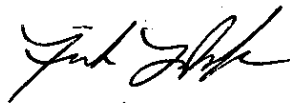
TO:

FLORIDA DEPT.OF STATE
DIV. OF CORPORATIONS

RE: U.B.R

WE HAVE NOT RECEIVED ANY U.B.R NOTICES, THIS NOTICE OF REVOCATION IS THE FIRST
NOTICE WE HAVE RECEIVED.

THANK YOU,



FRANK LAPERTA/ PRESIDENT