


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>CORPORATION REINSTATEMENT</b> 2002 YBR				FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000026341					
1. Corporation Name Deception Prevention, Inc.					
2. Principal Office Address 1141 Timber Trace Dr. Suite, Apt. #, etc.			3. Mailing Office Address 1141 Timber Trace Dr. Suite, Apt. #, etc.		
City & State Wesley Chapel, FL			City & State Wesley Chapel, FL		
Zip 33543	Country USA	Zip 33543	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

FILED

02 DEC 23 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

100009638751  
12/23/02--01059--023 \*\*150.00

4. Date Incorporated or Qualified To Do Business in Florida 3/19/98	
5. FEI Number 59-3499276	Applied For Not Applicable

7. Name and Address of Current Registered Agent

Name Paul Siddall		
Street Address (P.O. Box Number is Not Acceptable) 1141 Timber Trace Dr.		
Suite, Apt. #, Etc.		
City Wesley Chapel	State FL	Zip Code 33543

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 \_\_\_\_\_ Date 12/16/02

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
D	Paul Siddall	1141 Timber Trace Dr.	Wesley Chapel, FL 33543

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/02 813-930-2800

Date Daytime Phone #

CR2E081 (9/01)

**Deception Prevention, Inc**  
1141 Timber Trace Dr.  
Wesley Chapel, FL 33543

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December 18, 2002

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

RE: Reinstatement

Dear Sir or Madam,

I am writing for reinstatement of my corporation. I never received by mail the uniform business report like I have in the years past. I noticed that my company was inactive when I was writing you to change my address. I have enclosed the past few years UBR to show that I pay on time when I receive the report from you.

I am a home business and try my hardest to keep up with all the corporation paperwork.

I hope you and your family have a safe holiday season.

Sincerely,

  
Paul Siddall

Deception Prevention, Inc  
813-930-2800  
813-994-5786 Fax

Encl.