

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

6

APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -2 PM 5:20

DOCUMENT # P98000074852

1. Corporation Name

EFFECTIVE PREVENTION USA, INC.

Principal Place of Business

Mailing Address

300 GOLF BROOK CIRCLE, UNIT 108  
LONGWOOD FL 32779  
US

300 GOLF BROOK CIRCLE, UNIT 108  
LONGWOOD FL 32779  
US



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

08/19/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3575751

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	TAYLOR, JANICE	300 GOLF BROOK CIRCLE UNIT 108	LONGWOOD FL 32779
			300003471833--5 -11/21/00--01022--003 ****150.00 ****150.00
			<i>JB 11/18</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAYLOR, JANICE  
300 GOLF BROOK CIRCLE, UNIT 108  
LONGWOOD FL 32779

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Janice Taylor*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

*Oct 26, 2000*

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:

*Janice Taylor*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*Oct. 26, 2000*

Daytime Phone #

CR2E040 (8/00)

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**EFFECTIVE PREVENTION**

**USA, INC.**

300 Golf Brook Circle, Unit #108, Longwood Florida 32779 Phone: (407) 788-8105 Fax: (407) 788-8819  
Email epusa@prodigy.net

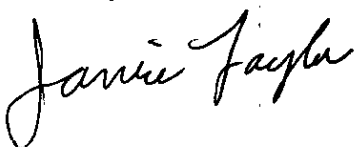
October 26, 2000

TO WHOM IT MAY CONCERN:

We never received any prior notice regarding the lapse of our corporate standing. After contacting your offices, we were advised to send a check for \$150.00 for immediate reinstatement. Please find a check in this amount enclosed.

I thank you for your attention to this matter.

Sincerely,



Janice Taylor  
President