

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB -4 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *p98 00007852*

1. Corporation Name

EFFECTIVE PREVENTION USA, Inc.

2. Principal Office Address

300 GOLF BROOK CIR.

Suite, Apt. #, etc.

#108

City & State

LONGWOOD, FL

Zip

32779

Country

USA

3. Mailing Office Address

300 GOLF BROOK CIRCLE

Suite, Apt. #, etc.

#108

City & State

LONGWOOD, FL

Zip

32779

Country

USA

500011794025
02/04/03--01090--023 *1058.75
REINSTATEMENT *01-03*

4. Date Incorporated or Qualified
To Do Business in Florida

AUG 19, 1998

5. FEI Number

59-3575751

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JANICE TAYLOR

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

300 GOLF BROOK CIR.

Suite, Apt. #, Etc.

108

City

LONGWOOD

State

FL

Zip Code

32779

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

Janice Taylor
REGISTERED AGENT MUST SIGN

Date

Feb 3, 2003

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
<i>PRESIDENT</i>	<i>JANICE TAYLOR</i>	<i>300 GOLF BROOK CIR #108</i>	<i>LONGWOOD, FL 32779</i>

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:

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

Feb 3, 2003
Date

(407) 788-8105
Daytime Phone #

js 2/16/03

CR2EB1 (10/02)