

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 # PA8 00007852
1. Corporation Name
EFFECTIVE PREVENTION USA, Inc.

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

2. Principal Office Address <u>300 GOLF BROOK CIR.</u>		3. Mailing Office Address <u>300 GOLF BROOK CIRCLE</u>	
Suite, Apt. #, etc. <u>#108</u>		Suite, Apt. #, etc. <u>#108</u>	
City & State <u>LONGWOOD, FL</u>		City & State <u>LONGWOOD, FL</u>	
Zip <u>32779</u>	Country <u>USA</u>	Zip <u>32779</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>AUG 19, 1998</u>	
5. FEI Number <u>59-3575751</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 Date Feb 3, 2003
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
<u>PRESIDENT</u>	<u>JANICE TAYLOR</u>	<u>300 GOLF BROOK CIR #108</u>	<u>LONGWOOD, FL 32779</u>

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 Date Feb 3, 2003 Daytime Phone # (407) 788-8105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

js 2/16/03

CR2EB1 (10/02)