

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 13 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000078274**

1. Corporation Name

Prevention Plus, Inc.

2. Principal Office Address

125 N. MOON AVE

Suite, Apt. #, etc.

Suite C

City & State

Brandon, FL

Zip

33510

Country

USA

3. Mailing Office Address

125 N. MOON AVE

Suite, Apt. #, etc.

Suite C

City & State

Brandon, FL

Zip

33510

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1998

5. FEI Number

593533774

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

Kandi Lambert

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

1912 VISTA RIVER DR.

Suite, Apt. #, Etc.

City

VALRICO

State

FL

Zip Code

33594

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

Kandi Lambert

Date

6-11-06

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
PD	Kandi Lambert	1912 Vista River Dr.	Valrico, FL 33594
VD	Dorothy Vanni	12551 VFW Rd	Dade City, FL 33525

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 contained in Chapter 119, 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:

Kandi Lambert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-06

Date

813 376-5958

Daytime Phone #



PREVENTION PLUS, INC
125 N. MOON AVE. SUITE C
BRANDON, FL 33510
1-888-667-7587 (PLUS)
WWW.STROKETESTING.COM

To whom it may concern,

This letter is being written in request that the reinstatement fee be waived due to the non receipt of the annual report notice in the year of 2001.

Our Prevention Plus office relocated in the year of 2001 and has not received the annual report notices since this time. (Note: new address on application).

I, Kandi Lambert have since taken over the duties of president at Prevention Plus and in doing so have discovered that the corporation is listed inactive.

Please allow this letter to waive the reinstatement fee. I have enclosed the \$900 check for the reinstatement fee. I may be contacted any time at (813) 376-5958.

Sincerely,

A handwritten signature in cursive script that reads "Kandi Lambert".

Kandi Lambert
President/Director