


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
98 OCT 28 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 607877  
1. Corporation Name  
**EVE MEDICAL CORPORATION**

300002678813--0  
-11/03/98--01030--014  
\*\*\*1208.75 \*\*\*1208.75

Principal Place of Business Mailing Address  
**KAREN BOOKBINDER  
5600 COLLINS AVENUE-12F  
MIAMI BEACH FLORIDA 33140**

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 <b>1979</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-1883570</b>	
City & State		City & State		Applied For Not Applicable	
Zip Country		Zip Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	KAREN BOOKBINDER	5600 COLLINS AVENUE	MIAMI, FLORIDA
V.P.	SAMM GOLD	5600 COLLINS AVENUE	" "
TRES/SEC.	EVA DEUTSCH	4000 COLLINS AVENUE	MIAMI BEACH
<b>REINSTATEMENT</b> 97-98			
64 10-30-98			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>KAREN BOOKBINDER 5600 COLLINS AVE. (12F) MIAMI BEACH FLORIDA 33140</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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: Karen Bookbinder REGISTERED AGENT MUST SIGN Date: Oct 25/1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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)(f), 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: KAREN BOOKBINDER Karen Bookbinder Oct 25/1998 305-8604144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (1/88)