

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



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

FILED

00 JAN 31 PM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037333

1. Corporation Name

A EVE'S CLINIC & REFERRAL SERVICE, INC.

Principal Place of Business

Mailing Address

3900 NW 79TH AVENUE
SUITE 575
MIAMI FL 33166

3900 NW 79TH AVENUE
SUITE 575
MIAMI FL 33166

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 99-60

4. Date Incorporated or Qualified To Do Business in Florida

05/18/1994

5. FEI Number

65-0507163

Applied For

Not Applicable

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	BOOKBINDER, KAREN	5600 COLLINS AVENUE	MIAMI FL 33140
			40
			7000003130197--4 -02/09/00--01107--005 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

BOOKBINDER, KAREN
5600 COLLINS AVE.
APT 12-F
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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

January 15, 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:

Signature of Signing Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/15/2000
Daytime Phone #: 305 5912288

KE

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