

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 FEB -3 PM 2: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S57135

1. Corporation Name EVE OF KENDALL, INC.

Principal Place of Business 9350 S DADELAND BLVD SUITE 100 MIAMI FL 33156 Mailing Address 9350 S DADELAND BLVD SUITE 100 MIAMI FL 33156



REINSTATEMENT 99-10

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. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 06/04/1991 5. FEI Number 65-0274565 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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for Karen Bookbinder.

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8. Name and Address of Current Registered Agent BOOKBINDER, KAREN 5600 COLLINS AVE. MIAMI 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 Zip Code FL

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 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] DATE: January 15 / 2000 DAYTIME PHONE #: (305) 6709 797

CR2E040 (6-99)