

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JUN 26 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N96000005772*

1. Corporation Name

*EVE FOR Women, Inc.*

2. Principal Office Address

*713 SW 75th Street*

Suite, Apt. #, etc.

*101*

City & State

*Gainesville, Florida*

Zip

*32607*

Country

*USA*

3. Mailing Office Address

*P.O. Box 5905*

Suite, Apt. #, etc.

City & State

*Gainesville, Florida*

Zip

*32627-5905*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*Nov. 12, 1996*

5. FEI Number

*59-3411683*

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

*Arabella Arleen Hooks*

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

*713 S.W. 75th Street #101*

Suite, Apt. #, Etc.

City

*Gainesville*

*600004461926-4*

*-07706701-01035-005*

*\*\*\*\*358.75 \*\*\*\*358.75*

**REINSTATEMENT** *99-01* **TS**  
FL *32607*

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

*Arabella Arleen Hooks*

Date *6/22/01*

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
<i>P</i>	<i>Arabella Arleen Hooks Founder/President</i>	<i>713 S.W. 75th St. #101</i>	<i>Gainesville, Florida 32607</i>
<i>D</i>	<i>PATRICIA West Director</i>	<i>1000 NE 16th Ave. Bldg. J</i>	<i>Gainesville, Florida 32601</i>
<i>D</i>	<i>SHARLA D. Head-Jones Director</i>	<i>3631 NE 156th Ave.</i>	<i>Gainesville, Florida 32609</i>
<i>D</i>	<i>Kim Smith Director/Chaplain</i>	<i>3534 NW 110th Terrace</i>	<i>Gainesville, Florida 32607</i>

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:

*Arabella Arleen Hooks / Arabella Arleen Hooks, President, 6/22/01 / (352-332-8767)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED81 (9/00)