PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

P92000151174

FILED
97 MAR 18 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000151174

1. Corporation Name

RAVEN MEDICAL INTERNATIONAL INCORPORATED

Principal Place of Business	Mailing Address
3541 S.W. Corporate Parkway Palm City, FL 34990	P.O. Box 867, NA Stuart, FL 34995

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
n/a
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Address, If Applicable
n/a
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/23/92

5. FEI Number: 65-0384174 | 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Raven Malcolm	3451 S.W. Corporate PKWY	Palm City, FL 34990
V.P.	Raven, Louisa	"	"
A.Sec.	James R. Leone	452 Osceola St., Suite 211	Altamonte Springs, FL 32701

SUBMITTER'S NAME
-04/03/97--01138--001
*****61.00 *****61.00

8. Name and Address of Current Registered Agent

Raven, Malcolm
508-B4 Sea Oats Drive
Juno Beach, FL 33408

9. Name and Address of New Registered Agent

Name
James R. Leone
Street Address (P.O. Box Number is Not Acceptable)
452 Osceola Street
Suite, Apt. #, Etc.
211
City
Altamonte Springs
State: FL | Zip Code: 32701

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

REGISTERED AGENT MUST SIGN
James R. Leone

Date 3/14/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 prospect for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR INCORPORATOR

Date

Daytime Phone #

ADH

CR2E043 (12/95)