

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000068679

1. Corporation Name

SHE MEDICAL SYSTEMS, INC.

Principal Place of Business

Mailing Address

8930 SOUTHWEST 68TH COURT SUITE H3 MIAMI FL 33156

8930 SOUTHWEST 68TH COURT SUITE H3 MIAMI FL 33156

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

2. New Principal Office Address, If Applicable 1200 NW 78 Avenue

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/06/1998

Suite, Apt. #, etc. Suite # 110

Suite, Apt. #, etc.

5. FEI Number

65-0855852

Applied For

Not Applicable

City & State Miami, Florida

City & State

Zip 33126 Country USA

Zip Country

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. Row 1: PSTD, VELEZ, ANA L, 8930 SOUTHWEST 68TH COURT, MIAMI FL 33156. Includes a large 'REINSTATEMENT 99-00 TS' stamp.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134

Name Ana L. Velez Street Address (P.O. Box Number is Not Acceptable) 8930 SW 68 CT. Suite, Apt. #, Etc. Suite # H3 City Miami State FL Zip Code 33156

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

SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date 03/09/2000

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 REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/2000 3056299339 Date Daytime Phone #

CR2E040 (8/99)