

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

COMPLETED
JAN 15 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000040253

1. Corporation Name

EYAL MEHABER, P.A.

REINSTATEMENT 00-04

900024100919
10/27/03--01006--016 **150.00

W03-31709

2. Principal Office Address

P.O. Box 2972

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2972

Suite, Apt. #, etc.

City & State

HALLANDALE BEACH, FL

City & State

HALLANDALE BEACH, FL

Zip

33008

Country

Zip

33008

Country

4. Date Incorporated or Qualified To Do Business in Florida

5/11/99

5. FEI Number

65-0918252

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

Bruce Smoler

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

2611 Hollywood Blvd.

Suite, Apt. #, Etc.

City

Hollywood, FL 33020, FL

State
FL

Zip Code

33020

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/4/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	EYAL MEHABER	20383 NE. 3 rd Ave.	MIAMI, FL 33179

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/03

Daytime Phone #

EYAL MEHABER, P.A.

P.O. BOX 2972
HALLANDALE BEACH, FL 33008
(954) 241-5014

Thursday, October 16, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am writing to you on behalf of Eyal Mehaber, P.A., to request that you waive the late fees it has incurred. Eyal Mehaber, P.A. failed to receive correspondence from the Department of State because the Department sent the correspondence to a former address for Eyal Mehaber, P.A. I have completed the Corporation Reinstatement form that states Eyal Mehaber, P.A.'s correct address, along with a check in the amount of numbers 150.00.

Thank you in advance for your consideration in this matter. If you have any questions please do not hesitate to contact me at the above address and/or telephone number.

Sincerely,



Eyal Mehaber

Eyal Mehaber
P.O. BOX 2972
Hallandale Beach, Florida 33008
(786) 251-5509

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

November 4, 2003

Re: Reference #99000040253

Dear Mr. Toner:

Please be advised that I have not received the 2000 UBR notices. I have enclosed a check in the amount of \$450.00 in order to reinstate this corporation. Thank you for your prompt attention toward this matter.

Sincerely,



Eyal Mehaber