PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Amended FILED BC
02 SEP 23 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K59323

1. Corporation Name
Kau Laser corp.

Principal Place of Business / Mailing Address
401 Biscayne BLVD S# 224
Miami FL 33132

000007979770--0
-09/24/02--01030--017
*****61.25 *****61.25

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
401 BISCAYNE BLVD	401 Biscayne BLVD
Suite, Apt. #, etc. S# 224	Suite, Apt. #, etc. S# 224
City & State Miami FL	City & State Miami FL
Zip 33132 Country USA	Zip 33132 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01-19-89

5. FEI Number 65-0377224 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Karla Fernandes	401 Biscayne BLVD	S# 224 Mia, FL 33132

8. Name and Address of Current Registered Agent
KARLA FERNANDES
401 BISCAYNE BLVD S-224
MIAMI - FL 33132

9. Name and Address of New Registered Agent
Name: KARLA FERNANDES
Street Address (P.O. Box Number is Not Acceptable): 401 BISCAYNE BLVD S-224
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33132

CR2E040 (12/96)

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 08/22/02
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: _____ Karla Fernandes (305) 3723314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
(305) 3720157