

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 998000047960

1. Corporation Name
Comp Laser USA, Inc.

2. Principal Office Address
241 E. Flagler Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip Country
33131 USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

FILED
DEC 28 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-01/07/02--01048--023
****92.50 ****92.50

7. Name and Address of Current Registered Agent

Name
Alex Gelman

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

Suite, Apt. #, Etc.

City
Miami

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****252.00 ****252.00

State Zip Code
FL 33131

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

REGISTERED AGENT MUST SIGN

Date 10.21.01

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
P	Alex Gelman	241 E. Flagler Street	Miami, FL 33131
S/T	Shaul Yeshua	241 E. Flagler Street	Miami, FL 33131

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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)(f), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10.21.01 Daytime Phone # MW

Charter Number Only

VALIDATION ONLY

12/26/01

Silver & Silver

108 S. Miami Ave, 2nd Fl

Miami, Fl. 33130

City State ZIP Phone

CORPORATION(S) NAME

Comp Laser USA, Inc.



Empire Toll Free: 1-800-432-3028

RECEIVED
01 DEC 27 AM 9:34
DIVISION OF CORPORATION

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Pick Up
- Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier