

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

02 NOV 18 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000047960

1. Corporation Name

COMP LASER USA, INC.

REINSTATEMENT 02

400008801424
11/05/02--01033--002 **750.00

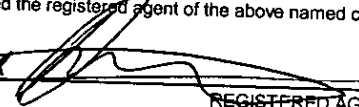
2. Principal Office Address		3. Mailing Office Address	
241 E. FLAGLER STREET		241 E. FLAGLER STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI-FL		MIAMI-FL	
Zip	Country	Zip	Country
33131	USA	33131	USA

4. Date Incorporated or Qualified To Do Business in Florida	
5/29/1998	
5. FEI Number	Applied For
65-0847824	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$8.75 Additional Fee required for a Certificate of Status	

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		
State	Zip Code	
FL	33131	

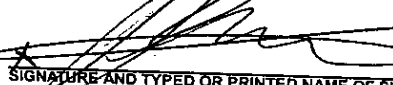
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 10/30/02

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
ST	SHAUL YEASHOU	241 E. FLAGLER STREET	MIAMI, FL 33131

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 11/15/02 Daytime Phone #

CR2E081 (9/01)