

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 JUN 26 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

292080

1. Corporation Name

Control Laser Corporation

2. Principal Office Address - No P.O. Box #

2419 Lake Orange Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32837

Country

USA

3. Mailing Office Address

2419 Lake Orange Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32837

Country

USA

REINSTATEMENT  
CR2E081 (12/07) 04-08

4. Date Incorporated or Qualified  
To Do Business in Florida

04-30-1965

5. FEI Number

59-1097022

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

United Corporate Services, Inc.

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

9200 South Dadeland Blvd. # 508

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Haris Kung, V.P.*  
REGISTERED AGENT MUST SIGN

Date 6/25/08

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
Sec	Alice Varisano	41 Research Way	E. Setauket, NY 11733
Controller	Carmela Dimaio	41 Research Way	E. Setauket, NY 11733
Pres	Greg Anderson	2419 Lake Orange Drive	Orlando, FL 32837
Dir.	J. Donald Hill	41 Research Way	E. Setauket, NY 11733

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 contained in Chapter 119, 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:

*Alice Varisano*

Alice Varisano, Secy & CFO

June 23, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*B. Michael*

JUN 26 2008