PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLQRIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

410800 DOCUMENT #

1. Corporation Name

LASER COMPUTER GRAPHICS, INC.

Principal Place of Business

Mailing Address

6135 NW 167TH ST

6135 NW 167TH ST

<u>-514</u> MIAMILLAKER EL 89015

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

US	·	US			STATEME	MT 03	
	ddresses are incorrect in any way, line thro	l enter correction below.					
360 W 84th ST 3100		3100 W84			Date Incorporated or Qualified To Do Business in Florida 10/.16/.1972		
Suite, Apt.	3	Suite, Apt. # etc.	5. FEI Nu			Applied For	
City & State		City & State			59-1453507		
414	LEAH, FL	HIALCAL	TIAL CAL, FE		c trainphotosis		
Zip 33	Country 1/3/1	^{ZIP} 33018	Country USA		OF STATUS DESIRED	S8.75 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)							
Title(s)	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director		City	/ State / Zip	
DPS	CAPODIFERRO, ANDREW J		6135 NW 167TH ST, E11 3/00 W		MIAMI LAKES FL 83015 HIALEAN FZ 33018		
DVT	T CAPODIFERRO, ANDREW J. JR.		-6135 NW 167TH ST, E11 3/00 W		MIAMILLAKES FL 33015 Hinzenh		
		8474	Smeet #	3	F	1 33018	
			100024387281 11/03/0301093006 **150.00				
8, Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
46 27 F S ecoi Gorat	KIN, JOEL M ESQ. IONCE DE LEON BL VD I ID FLOO R . GABL ES FL 33146	Suite, Apt. #, Etc. PH Suite City Con AL	Street Address (P.O. Box Number is Not Acceptable) 1320 Suite, Apt. #, Etc. PH Suite 1275 City CORAL FABLES State Zip Code FL 33146				
10. I, being	appointed the registered agent of the above	ve named corporation, am fam	niliar with and accept the ob	ligations of Section	on 607.0505, F.S. or 617.0	0505, F.S.	

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer of 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 filling 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL M. GAULKIN, ESQ., P.A.

_ ATTORNEY AT LAW

J.M. Gaulkin, J.D., M.B.A., M.S. (Taxation)

October 31, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Gables One Tower
1320 South Dixie Highway
PH Suite 1275
Coral Gables, Florida 33146
Telephone (305) 661-6664
Fax (305) 665-9073
Email Joel@corporatedefenders.com

Re: Reinstatement of Laser Computer Graphics, Inc.

Document Number 410800

Dear Sirs:

Please be advised that I am the attorney and registered agent for Laser Computer Graphics, Inc. In 2003 Laser Computer Graphics, Inc. moved its offices from 6135 NW 167th Street E11 Miami Lakes, Fl 33015 to 3100 W 84th Street, Unit #3, Hialeah, Florida 33018.

As soon as my client became aware of the failure to file the 2003 Annual Report, steps were taken to correct this problem. Please note Laser Computer Graphics's long standing compliance filing annual reports.

At this time my client desires that Laser Computer Graphics, Inc. be reinstated for \$150.00. Enclosed is Application for Reinstatement and check for \$150.00. Thank you very much for your consideration of this matter, and if you have any questions, please do not hesitate to contact me at your earliest convenience.

Sincerely,

Joel M. Gaulkin, Esq.

cc. Laser Computer Graphics, Inc.