

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 25 AM 10:33

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **A98000001184**

1. Name of Limited Partnership

Lasersoft Americas Limited Partnership

CR2E039 (8/05)

2. Principal Office Address

10525 NW Ambassador Dr.

Suite, Apt. #, etc.

Suite 300

City & State

Kansas City, MO

Zip

64153

Country

USA

3. Mailing Office Address

10525 NW Ambassador Dr.

Suite, Apt. #, etc.

Suite 300

City & State

Kansas City, MO

Zip

64153

Country

USA

4. Date Formed or Registered
To Do Business in Florida

5-12-1998

5. FEI Number

431815212

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

990.00

7b. Amount of Capital Contributions in FLORIDA to date:

8. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

**Lasersoft Management,
LLC**

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

**10525 NW Ambassador
Drive
Suite 300**

City, State and Zip Code

**Kansas City, MO
64153**

10a. Registration
Document Number

M9800000465

REINSTATEMENT

1999-2005

000061305200

11/10/05--01003--008 **4488.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

[Signature]

DATE

10-24-05

Typed or Printed Name of General Partner Signing Form

Telephone Number