

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV -4 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F 0000 000 2319

1. Corporation Name

SLT SUBSIDIARY, INC.

REINSTATEMENT 03

800024417748  
11/04/03--01060--027 \*\*150.00

2. Principal Office Address

147 Keystone Drive

Suite, Apt. #, etc.

3. Mailing Office Address

147 Keystone Drive

Suite, Apt. #, etc.

City & State

Montgomeryville, PA

Zip

18936

Country

U.S. A.

City & State

Montgomeryville PA

Zip

18936

Country

U.S. A.

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

23-3039999

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

WALTER W. REDDICK

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

17106 HEART OR PALMS DRIVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33647

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

Walter W. Reddick

Date

10/31/03

REGISTERED AGENT MUST SIGN

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
Pres	Jeffrey F. O'Donnell	147 Keystone Drive	Montgomeryville, PA 18936
Dir	Dennis M. McGrath	147 Keystone Drive	Montgomeryville, PA 18936
Corp counsel	DAVIS Woodward	147 Keystone Drive	Montgomeryville, PA 18936

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:

DAVIS WOODWARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-03

Date

215-619-3600

Daytime Phone #

CR2E081 (10/02)

# PhotoMedex

October 31, 2003

## Pennsylvania

5 Radnor Corporate Center  
Suite 470

Radnor, PA 19087

Tel: (610) 971-9292

~~Fax: (610) 971-9304~~  
Please Note: New  
Address Below

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

## California

2431 Impala Drive

Carlsbad, CA 92008-7227

Tel: (760) 602-3300

Fax: (760) 602-3320

Sir or madam:

Re: reinstatement of SLT Subsidiary, Inc.

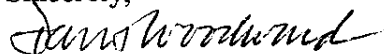
Enclosed are: (1) Corporation Reinstatement, and (2) a check for \$150 for the reinstatement. The reinstatement is for SLT Subsidiary, Inc., the employer identification number of which is 23-3039999 and the Document # is F 0000000 2319. SLT Subsidiary, Inc. is a subsidiary of PhotoMedex, Inc.

SLT Subsidiary, Inc. was "active" in your records for 2002, but it has been listed as "inactive" as of 9/19/03 because no Uniform Business Report was filed for 2003. I learned this just today.

I immediately have checked our records and do not find that we received a copy of the Uniform Business Report form. I would therefore respectfully ask that the Division of Corporations waive the \$600 reinstatement fee. If this reason is insufficient, it is still important for us to be on the good books of the Division, so I would ask that we be reinstated, subject to payment of the fee.

Thank you for your consideration in this matter. If you should have any questions, please contact me at 215/619-3278.

Sincerely,



Davis Woodward  
Corporate Counsel

enclosures

