


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
08 SEP 24 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800136580288
10/02/08--01046--018 **1050.00

DOCUMENT # F01000002737

1. Corporation Name

LUMENIS INC.

REINSTATEMENT *08*

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 5302 Betsy Ross Suite, Apt. #, etc.		3. Mailing Office Address 5302 Betsy Ross Suite, Apt. #, etc.	
City & State Santa Clara, CA		City & State Santa Clara, CA	
Zip 95054	Country	Zip 95054	Country

4. Date Incorporated or Qualified To Do Business in Florida 5/21/01	
5. FEI Number 043155703	Applied For 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 CT Corporation		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
Suite, Apt. #, Etc.		
City Plantation	State FL	Zip Code 33324

☐ 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 Connie Bryan **CONNIE BRYAN** SPECIAL ASSISTANT SECRETARY Date 9/24/08
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
D/P/CEO	Mann, Robert	5302 Betsy Ross	Santa Clara, CA 09054
D	Ofer, Dov	5302 Betsy Ross	Santa Clara, CA 09054
CFO	Szutu, Audroy	5302 Betsy Ross	Santa Clara, CA 09054
SECRETARY	Weisel, William	POB 240 Yokneam Industrial Pk.	Israel 20692
D	Steinhart, Aviram	5302 Betsy Ross	Santa Clara, CA 09054

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:

Audrey Szutu V.P. Finance 09/22/08 408-764-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Gail Eisenberg
Corporate Treasurer Lumenis

DC 9/24