

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F93000005715

1. Entity Name
CANDELA LASER CORPORATIONPrincipal Place of Business
530 BOSTON POST RD.
WAYLAND, MA 01778-1886Mailing Address
530 BOSTON POST RD.
WAYLAND, MA 01778-1886

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10212004

REIN-P

CR2E098 (8/04)

City & State

City & State

4. FEI Number
04-2477008Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	TV	☐ Delete
NAME	BROYER, F PAUL	
STREET ADDRESS	530 BOSTON POST RD.	
CITY-ST-ZIP	WAYLAND, MA 01778	
TITLE	T	☒ Delete
NAME	SIMINO, DARRELL W	
STREET ADDRESS	530 BOSTON POST RD	
CITY-ST-ZIP	WAYLAND, MA 01778	
TITLE	P	☐ Delete
NAME	PUORRO, GERARD	
STREET ADDRESS	530 BOSTON POST ROAD	
CITY-ST-ZIP	WAYLAND, MA 01778	
TITLE	V	☐ Delete
NAME	WILBER, ROBERT	
STREET ADDRESS	530 BOSTON POST RD.	
CITY-ST-ZIP	WAYLAND, MA 01778	
TITLE	V	☐ Delete
NAME	MCGRAIL, WILLIAM	
STREET ADDRESS	530 BOSTON POST RD.	
CITY-ST-ZIP	WAYLAND, MA 01778	
TITLE	D	☐ Delete
NAME	ROBERTS, KENNETH	
STREET ADDRESS	530 BOSTON POST ROAD	
CITY-ST-ZIP	WAYLAND, MA 01778	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☒ Addition
NAME	QUINN, E. ROBERT	
STREET ADDRESS	530 BOSTON POST ROAD	
CITY-ST-ZIP	WAYLAND, MA 01778	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000043550460
12/21/04--01004--007 **858.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

508-358-7400

12/20/04