

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F93000005715

1. Entity Name  
CANDELA LASER CORPORATION



FILED of 2  
06 OCT 31 PM 3:43  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
530 BOSTON POST RD.  
WAYLAND, MA 01778-1886

Mailing Address  
530 BOSTON POST RD.  
WAYLAND, MA 01778-1886



10132006 REIN-P CR2E098 (11/05) 06

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
04-2477008

Applied For  
Not Applicable

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

300081352353

10/31/06--01016--008 \*\*150.00

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TV  
NAME BROYER, F PAUL  
STREET ADDRESS 530 BOSTON POST RD.  
CITY-ST-ZIP WAYLAND, MA 01778 ☐ Delete

TITLE Director  
NAME Scott, Douglas W.  
STREET ADDRESS 530 Boston Post Road  
CITY-ST-ZIP Wayland, MA 01778 ☐ Change ☒ Addition

TITLE T  
NAME ROBERTS, QUINN E  
STREET ADDRESS 530 BOSTON POST RD  
CITY-ST-ZIP WAYLAND, MA 01778 ☒ Delete

TITLE Director  
NAME Abe, George A.  
STREET ADDRESS 530 Boston Post Road  
CITY-ST-ZIP Wayland, MA 01778 ☐ Change ☒ Addition

TITLE P  
NAME PUORRO, GERARD  
STREET ADDRESS 530 BOSTON POST ROAD  
CITY-ST-ZIP WAYLAND, MA 01778 ☐ Delete

TITLE Director  
NAME Bailey, Ben III  
STREET ADDRESS 530 Boston Post Road  
CITY-ST-ZIP Wayland, MA 01778 ☐ Change ☒ Addition

TITLE V  
NAME WILBER, ROBERT  
STREET ADDRESS 530 BOSTON POST RD.  
CITY-ST-ZIP WAYLAND, MA 01778 ☒ Delete

TITLE Director  
NAME Nager, Nancy  
STREET ADDRESS 530 Boston Post Road  
CITY-ST-ZIP Wayland, MA 01778 ☐ Change ☒ Addition

TITLE V  
NAME MCGRIL, WILLIAM  
STREET ADDRESS 530 BOSTON POST RD.  
CITY-ST-ZIP WAYLAND, MA 01778 ☐ Delete

TITLE Vice President  
NAME Lucchese, Paul R.  
STREET ADDRESS 530 Boston Post Road  
CITY-ST-ZIP Wayland, MA 01778 ☐ Change ☒ Addition

TITLE D  
NAME ROBERTS, KENNETH  
STREET ADDRESS 530 BOSTON POST ROAD  
CITY-ST-ZIP WAYLAND, MA 01778 ☐ Delete

TITLE Vice President  
NAME Herman, Dennis S.  
STREET ADDRESS 530 Boston Post Road  
CITY-ST-ZIP Wayland, MA 01778 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

2 of 2

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>DOCUMENT # F93000005715</b><br>1. Entity Name<br><b>CANDELA LASER CORPORATION</b>  |  |  |  |                       |  |
| Principal Place of Business<br><b>530 BOSTON POST RD.<br/>WAYLAND, MA 01778-1886</b>  |  |  | Mailing Address<br><b>530 BOSTON POST RD.<br/>WAYLAND, MA 01778-1886</b>   |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |
| City & State  |  |  | City & State   |  |  |
| Zip   |  | Country                                    |  | Zip  |  |
| Country   |  | Country                                    |  | 10132006 REIN-P CR2E098 (11/05)  |  |
| 4. FEI Number<br><b>04-2477008</b>  |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |  |  | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND RD.<br/>PLANTATION, FL 33324</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2007, Fee will be \$300.00</b>  |  |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>TV</b><br><b>BROYER, F PAUL</b><br><b>530 BOSTON POST RD.</b><br><b>WAYLAND, MA 01778</b>   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Vice President</b><br><b>Hsia, James</b><br><b>530 Boston Post Road</b><br><b>Wayland, MA 01778</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T</b><br><b>ROBERTS, QUINN E</b><br><b>530 BOSTON POST RD</b><br><b>WAYLAND, MA 01778</b>   | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P</b><br><b>PUORRO, GERARD</b><br><b>530 BOSTON POST ROAD</b><br><b>WAYLAND, MA 01778</b>   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>V</b><br><b>WILBER, ROBERT</b><br><b>530 BOSTON POST RD.</b><br><b>WAYLAND, MA 01778</b>    | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>V</b><br><b>MCGRAIL, WILLIAM</b><br><b>530 BOSTON POST RD.</b><br><b>WAYLAND, MA 01778</b>  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>ROBERTS, KENNETH</b><br><b>530 BOSTON POST ROAD</b><br><b>WAYLAND, MA 01778</b> | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b> |  |  |  |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |  |  |  |  |