

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 FEB 11 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003172

1. Corporation Name

U.S. LASER CORPORATION

Principal Place of Business

~~680 WALSH AVE.~~
~~SANTA CLARA CA 95050~~

Mailing Address

~~680 WALSH AVE.~~
~~SANTA CLARA CA 95050~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

870 WALSH AVE.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

870 WALSH AVENUE

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1995

5. FEI Number

77-0119658

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSTD	MENA, JENNIE H	870 680 WALSH AVE.	SANTA CLARA CA 95050
C	MENA, JENNIE H	870 680 WALSH AVE.	SANTA CLARA CA 95050
VDC	WARD, CHARLES J	870 680 WALSH AVE.	SANTA CLARA CA 95050
			000002085920-3 -02/12/97--01127--004 ****923.75 ****923.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC. ✓
1116D THOMASVILLE RD.
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jennie H. Mena

REGISTERED AGENT MUST SIGN

Date

2/11/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Jennie H. Mena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/97 408-988-0801

CR2E040 (7/96)