

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005160

1. Corporation Name

TLC THE LASER CENTER (INSTITUTE) INC.

Principal Place of Business

Mailing Address

~~201 MAIN ST.~~
FT. WORTH TX 76102

~~201 MAIN ST.~~
FT. WORTH TX 76102

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

2. New Principal Office Address, If Applicable

~~6701 Democracy Blvd.~~
~~Suite, Apt. #, etc.~~
~~Suite 200~~
~~City & State~~
~~Bethesda, MD~~
~~Zip~~
~~20817~~
~~Country~~
~~United States~~

3. New Mailing Office Address, If Applicable

~~6701 Democracy Blvd.~~
~~Suite, Apt. #, etc.~~
~~Suite 200~~
~~City & State~~
~~Bethesda, MD~~
~~Zip~~
~~20817~~
~~Country~~
~~United States~~

REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/1996

5. FEI Number

98-0150959

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PDC	MOORE, KEITH F Ronald Kelly (director)	201 MAIN ST., 1450 255 Queens Ave., ste 1660	FT. WORTH TX 76102 London, Ontario N6A 5R8
EVP	RYNE, WALLACE R John Riesert (director)	201 MAIN ST., 1450 5600 Explorer Drive, Suite 301	FT. WORTH TX Mississauga, Ontario L4W 4Y2
EVP	MOORE, LARRY L Peter Kosteik (director)	201 MAIN ST., 1450 5600 Explorer Dr., Suite 301	FT. WORTH TX Mississauga, Ontario L4W 4Y2
VSD	HOLDER, MICHAEL B	201 MAIN ST., 1450	FT. WORTH TX 76102
T	SANDFORD, F. J.	3 ROBERT SPECK PKWY., #700	MISSISSAUGA-ONTARIO L4Z 2G5

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

600002724316--5

-12/29/98-01016-003

***750.00 ***750.00

FL

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

ADJUTANT GENERAL REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/18/98

14. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Ron Kelly, director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 10 11/98

Date

Daytime Phone #