

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 JAN -8 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H49135

1. Corporation Name

LaserGate Systems, Inc.

300165425703

01/08/10--01042--011 **1058.75

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box #

555 Anton Blvd.

Suite, Apt. #, etc.

11th Floor

City & State

Costa Mesa, CA

Zip

92626

Country

USA

3. Mailing Office Address

555 Anton Blvd.

Suite, Apt. #, etc.

11th Floor

City & State

Costa Mesa, CA

Zip

92626

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/27/1985

5. FEI Number

59 2543206

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ 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

Doreen Wallace

Doreen Wallace
Assistant Vice President

Date

1/5/09

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
CEO	Larry D. Witherspoon	555 Anton Blvd., 11th Floor	Costa Mesa, CA 92626
CFO	Daniel H. Wu	555 Anton Blvd., 11th Floor	Costa Mesa, CA 92626

10. E-mail Address: cwarner@tickets.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

[Signature]

Larry D. Witherspoon

1/5/2010

714-327-5596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #