

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL -5 AM 8:42

DOCUMENT # L02000011231

1. Limited Liability Company's Name

Laser Photonics, LLC

000077379500
07/12/06--01011--012 **305.00

CR2E041 (8/05)

2. Principal Office Address

41 Skyline Drive

Suite, Apt. #, etc.

1001

City & State

Lake Mary

Zip

32746

Country

USA

3. Mailing Office Address

41 Skyline Drive

Suite, Apt. #, etc.

1001

City & State

Lake Mary

Zip

32746

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

05/06/2002

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Dmitri Nikitin

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

41 Skyline Drive

Suite, Apt. #, Etc.

1001

City

Lake Mary

State

FL

Zip Code

32746

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date 06/30/2006

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	Dmitri Nikitin	3217 Yattika Pl	Longwood, FL 32779
MGRM	Fonon Technology International, Inc	41 Skyline Drive, Suite 1001	Lake Mary, FL 32746

REINSTATEMENT 03-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date 06/30/2006

Daytime Phone # 407-804-1000

Typed or printed name of signing Managing Member/Manager Dmitri Nikitin