

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 PM 4:04

1. DOCUMENT # L02000027788

Name and Mailing Address

0010292 01 AT 0.292 \*\*AUTO T7 3 0615 33785-277499



LASERS, LLC  
1401 GULF BOULEVARD  
INDIAN ROCKS BEACH FL 33785-2774



2. New Mailing Address  City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1401 GULF BOULEVARD INDIAN ROCKS BEACH FL 33785		5. Date Organized or Qualified To Do Business in Florida 10/21/2002	
3. New Principal Place of Business Address  City, State, Zip		6. FEI Number 59-3650295	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent SOSS, MARC J 630 SOUTH ORANGE AVENUE SARASOTA FL 34236		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Zabetakis, Champ Street Address (P.O. Box Number is Not Acceptable) 1401 Gulf Blvd City Indian Rocks Beach FL Zip Code 33785	
10. 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 _____ SIGNATURE REQUIRED _____ Date _____ REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ZABETAKIS, M. CHAMP	1401 GULF BOULEVARD	INDIAN ROCKS BEACH FL 33785

CR2EQ84 (7/03)

12. 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 [Signature] Date 10-30-03 Daytime Phone # 727-595-2426

Typed or printed name of signing Managing Member/Manager Champ Zabetakis