PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

• LIMITED LIABILITY COMPANY REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			Ē	FALED 10 JUN -8 PM J: 57		
1. Limited	JMENT Liability Comp	•	S. W. C.				SECRETARY OF STATE TALLAHASSEE FLORIDA		
		,	r man			2 06/0	200181479572 06/09/1001039005 **138.75		
	al Office Addre	ss - No P.O. Box #	3. Mailing Office Address			4. State/Co	CR2E041 (11/09) 4. State/Country of Formation		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				FLORIDA		
UNIT 102			d				5, Date Organized or Qualified To Do Business in Florida 10/19/2007		
City & State			City & State				10/10/2001		
PLANTATION, FL							6. FEI Number Applied For 26-1275296 Not Applicable		
Zip 33313	Country 3313		Zip Country		7. CERTIFICA	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent							,e:		
Name SCOTT CONG HUYNH				4).41.4	~		A \$100 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		
Street Address (P.O. Box Number is Not Acceptable) 5260 NW 11TH STREET						rece			
Suite, Apt. #, Etc. UNIT 102					not rein		received and requesting the \$100 tatement be waived.		
City PLANTATION .				State Zip Code 333313		V (
9. 1, being appointed the redistered 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 Date Date									
10. Names and Street Addresses of Managing Members/Managers									
Titles	,	Name of Managing Members/Manage	Street Address of Each Managing Member/Mana						
MGRM	SCOTT C	CONG HUYNH		5260 NW 11TH STREET UN			T 102 PLANTATION, FL 33313		
	REINSTATEME			NT ()8-10 05/28		001814795 8/1001031012	ਾ2 **277.50		
				11					
11. E-mail Address: Scott Chuynh a att Net									
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.									
$I = \{I \in \mathcal{G}_{A} \land I \in \mathcal{G}_{A} \mid I \in \mathcal{G}_{A} \}$									
Typed or printed name of signing Managing Member/Manager									



June 1, 2010

SCOTT CONG HYYNH 5260 NW 11TH STREET UNIT 102 PLANTATION, FL 33313

SUBJECT: LASER BY SCOTT, LLC

Ref. Number: L07000106380

We have received your document for LASER BY SCOTT, LLC and your check(s) totaling \$277.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate without penalty is \$416.25.

There is a balance due of \$138.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Letter Number: 410A00013572

Deborah Bruce Regulatory Specialist II