

282

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6384

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

**\*RE-SUBMIT\***

Please retain original filing  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LIMITED LIABILITY REINSTATEMENT  
PLS PACIFIC LASER SYSTEMS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03/4
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Corporate Filing Menu

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12/11/2015 11:31:50 AM From: To: 8506176384( 4/4 )

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LIMITED LIABILITY  
COMPANY

REINSTATEMENT  
2013-2015



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M11000005534

1. Limited Liability Company's Name

PLS PACIFIC LASER SYSTEMS LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box # 2550 KERNER BLVD. Suite, Apt. #, etc.		3. Mailing Office Address 2550 KERNER BLVD. Suite, Apt. #, etc.		4. State/Country of Formation California	
City & State SAN RAFAEL, CA		City & State SAN RAFAEL, CA		5. Date Organized or Qualified To Do Business in Florida 11/02/2011	
Zip 94931	Country USA	Zip 94931	Country USA	6. FEI Number 83-0463088	Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent Name Patrick Lamb Street Address (P.O. Box Number is Not Acceptable) Suite, 1010 SPINNAKER WAY F-1 Apt. #, Etc. City MELBOURNE				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status.	
State FL		Zip Code 32935			

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*[Signature]*

Date 12/9/15

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	Cynthia M. Hersey	2550 KERNER BLVD	SAN RAFAEL, CA 94901

11. E-mail Address: chersey@plslaser.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

*[Signature]*

Date 12.9.2015

Daytime Phone # 415-453-5785

Typed or printed name of signing authorized representative/member Cynthia M. Hersey

K. ASHTON