12/11/2015 11:31:50 AM From: To: 8506176384( 1/4 ) **Division of Corporations** 

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## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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To:

From:

Division of Corporations

Fax Number : (850)617-6384

\*RE-SUBMIT\* Please retain original filing: C T CORPORATION SYSTEM retain original filing: FCA000000023 date of submission 12/11

Account Name Account Number: FCA000000023

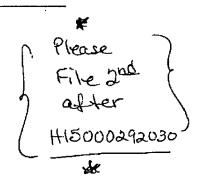
Fax Number

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

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## LIMITED LIABILITY REINSTATEMENT PLS PACIFIC LASER SYSTEMS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03/4
Estimated Charge	\$516.25



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LIMITED LIABILITY
COMPANY
REINSTATEMENT
<u> 2013-2015</u>
OCUMENT # M110
Umited Liability Company's Name



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

15 DEC 11 AM 8:54

SPERFTARY OF STATE

1. Umited Liai	ENT # M11000005534 billy Company's Name				FALLAHASSEE, FLORIDA			
PLS PACIF	FIC LASER SYSTEMS LI	.C						
	Tice Address - No P.O. Box #	3. Mailing Office A	4 644-0-114	CR2E041 (1ft4)  4. State/Country of Formation California  5. Date Organized or Qualified To Do Business in Florids 11/02/2011  6. FEI Number Applied For 83-0463088 Not Applicable				
Suita Apl. 8, etc.  Sity & State  SAN RAFAEL, CA		Suite, Apt. #, etc.						California  5. Date Organi
		City & State SAN RAFAEL	., CA =					6. FEI Numbe
Zip 14931	Country	Σφ 94931	Country USA	7; CERTIFICATE OF	7: CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a cortificate of status.			
		ss of Current Registers	d Agent					
Apt #, Etc.			State ZipCode FL 32935					
9. I, being ap Signature of Registered Age	appointed the registered agent of the a	bove named limited liabili		and accept the obligations	of Chapter 605, F.S.  Date 12   3   15			
10. Names and	i Street Addresses of Authorized Repr	esentatives/Managers						
Name of Authorized Representatives/ Managers			Streat Address of Each Authorized Representative/ <u>Manager</u>		City / State / Zip			
AR Cynthia M. Her		<b>э</b> у	2550 KERNER BLVD		SAN RAFAEL, ČA 94901			
		·						
11, E-mall Add	chersey@pisiaser.co		e used for future annual report no	diferitors)				
certify that who 605.0012, F.S. shall have the	n Bing this reinstatement application, and that all fees owed by the limit	manager or the receive in the reason for dissoluted liability company have path, i am aware that falso	r or trustee empowered to ex- cion has been eliminated, the been paid. The information se information submitted in a	xecute this application as limited liability company indicated on this applica	provided for in Chapter 805, F.S. I further name satisfies the requirement of section tion is true and accurate, and my signature ment of State constitutes a third degree			
Signature of au	nhorized representative/member	Culters		2.9.2016 Day	#Ime Phone # 415-453-5785			
Typed or printe	d name of signing authorized repre-	sontative/member_Cyr	thia M. Hersey					