PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FLORID** LICATION FILED EMENT 99 DEC 13 PM 2: 58 DOCUMENT # M75788 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA ABELA LASER SYSTEMS, INC. Mailing Address Principal Place of Business c/o Bruce Brashear c/o Bruce Brashear 926 N.W. 13th Street 926 N. W. 13th St. Gainesville, FL 32601 Gainesville, FL 32601 DO NOT WRITE IN THIS SPACE
Date Incorporated or Qualified
To Do Business in Florida If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable 4-4-88 5. FEI Number Suite, Apt. #, etc. Suite. Apt. #. etc. Applied For City & State City & State 59-2883250 Not Applicable Zip Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) D, P George S. Abela 6201 Windrush Lane East Lansing, MI 48823 600003077768---12/22/99--01042--010 ****150.00 ****150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Bruce Brashear Street Address (P.O. Box Number is Not Acceptable) 926 N.W. 13th Street Gainesville, FL 32601 Suite, Apt. #, Etc. City State Zip Code 10. It being appointed the registed agent of the above named copporation, am familiar with and accept the obligations of Section 807.0505, F.S. Date 12-6-99 Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. (See other side for information Yes 🖾 No 🗌 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the corporation has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all 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. 12-6-99 (5-17)339-4161 Date (517)901599 Elgeno 1,472-UK SIGNATURE: F. NAME AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRASHEAR & ASSOCIATES, P.L. Counselors At Law

December 10, 1999

926 N.W. 13th Street Gainesville, FL 32601 voice: 352/336-0800 fax: 352/336-0505 Brashear@NFlaLaw.com www.NFlaLaw.com

BRUCE BRASHEAR THOMPKINS W. WHITE AMY SINELLI

Secretary of State **Division of Corporations** Reinstatements P. O. Box 6327 Tallahassee, FL 32314

RE:

Abela Laser Systems, Inc.

Doc. No. M75788

Gentlemen:

Enclosed please find an Application for Reinstatement for the above-referenced corporation, together with a check in the amount of \$150.00 representing Annual Report fees for 1999.

The Annual Report form for this corporation was never received, as it was mailed to the undersigned registered agent's previous address. As a result, the 1999 Annual Report was not filed for this corporation. In view of this, the corporation requests that the reinstatement fee of \$600.00 be waived.

Thank you for your consideration, and please advise should you require further information.

Sincerely,

BRASHEAR & ASSOCIATES, P.L.