

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 25 AM 10:33

DOCUMENT # **M98000000465**

1. Limited Liability Company's Name

Lasersoft Management, LLC

CR2E041 (8/05)

2. Principal Office Address

10525 NW Ambassador Dr

Suite, Apt. #, etc.

Suite 300

City & State

Kansas City, MO

Zip

64153

Country

USA

3. Mailing Office Address

10525 NW Ambassador Dr

Suite, Apt. #, etc.

Suite 300

City & State

Kansas City, MO

Zip

64153

Country

USA

4. State/Country of Formation

Missouri / USA

5. Date Organized or Qualified
To Do Business in Florida

5-12-1998

6. FEI Number

431783236

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

G.W. Nedblake, Jr.

Street Address (P.O. Box Number is Not Acceptable)

16730 Captiva Drive

Suite, Apt. #, Etc.

City

Captiva

State

FL

Zip Code

33924

9. 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

Guydon Wesley Nedblake

REGISTERED AGENT MUST SIGN

Date **10-24-05**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	G.W. Nedblake, Jr	16730 Captiva Drive	Captiva, FL 33924
MGRM	Jeffrey B. Nedblake	10525 NW Ambassador Dr	Kansas City, MO 64153
MGRM	Russell G. Jones, Jr.	10525 NW Ambassador Dr	Kansas City, MO 64153

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11/10/05--01003--006 **450.00

11. 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

Guydon Wesley Nedblake

Date **10-24-05**

Daytime Phone#

Typed or printed name of signing Managing Member/Manager