

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB 13 AM 9:55.

DOCUMENT # P01000016187

1. Corporation Name

Advanced Laser Works, Inc

2. Principal Office Address - No P.O. Box #

1435 S. Tamiami Tr

3. Mailing Office Address

PO Box 25368

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34239

Country

US

Zip

34277

Country

US

REINSTATEMENT

CR2E081 (12/08)

04-09 KS

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/2001

5. FEI Number
651077748

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gregory A. Zitani - Barak and Zitani, LLC

Street Address (P.O. Box Number is Not Acceptable)
4046 Sawyer Road

Suite, Apt. #, Etc.
Suite D

City
Sarasota

State
FL

Zip Code
34233

☒ The 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 not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 01/27/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Gary Kompothecras	6910 Point of Rocks Road	Sarasota, FL 34242

800142594468
02/02/09--01019--011 **150.00

800142594468
02/17/09--01003--005 **150.00

10. 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 reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/09

Date

941-552-1189

Daytime Phone #