

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 23 AM 10:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000029618

1. Corporation Name

LASER LAN SYSTEMS, INC

REINSTATEMENT 03-04

2. Principal Office Address

7228 N.W. 31 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33122

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/11/02

5. FEI Number

01-0641249

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

EUCLIDES SEMPRUN

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

7228 N.W. 31 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33122

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 01/20/04

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
Pres.	Euclides Semprun	7228 N.W. 31 ST	MIAMI, FL 33122
DIR	MARGARITA SEMPRUN	7228 N.W. 31 ST	MIAMI, FL 33122

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 under section 119.07(3)(i), 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

01/20/04

Date

305-392-5557

Daytime Phone #

CR2E061 (10/02)

LASER LAN SYSTEMS INC
PO BOX 570651
MIAMI FLORIDA 33257
21 ST January 2004

FLORIDA DEPT OF STATE
409 EAST GAINES ST
TALLAHASSEE FL 32399

ATTENTION TINA ROBERTS

RE P02000029618

ENCLOSED IS CHECK # 2341 FOR THE SUM OF ONE HUNDRED AND FIFTY DOLLARS (\$150.00) REPRESENTING FILING FEES FOR THE YEAR 2004.

ENCLOSED ALSO IS THE RE-INSTATEMENT APPLICATION AND A REQUEST FOR A WAIVER OF LATE FEES FOR 2003 SINCE WE DID NOT RECEIVE THE LETTER SENT TO US REQUESTING FURTHER INFORMATION. PLEASE NOTE THAT CHECK #193 WAS CASH ON JUNE 16TH 2003.

Yours truly,



LINFORD CODLING
ACCOUNTANT