

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000100831

1. Corporation Name

**Spectrum Laser Services, Inc**

2. Principal Office Address - No P.O. Box #  
**15125 nw 8 street**

Suite, Apt. #, etc.

City & State  
**Pembroke Pines, FL**

Zip  
**33028**

Country  
**USA**

3. Mailing Office Address  
**15125 nw 8 street**

Suite, Apt. #, etc.

City & State  
**Pembroke Pines, FL**

Zip  
**33028**

Country  
**USA**

**7. Name and Address of Current Registered Agent**

Name  
**Wilson Altamiranda**

Street Address (P.O. Box Number is Not Acceptable)  
**15125 nw 8 street**

Suite, Apt. #, Etc.

City  
**Pembroke Pines**

State Zip Code  
**FL 33028**

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

*Wilson Altamiranda*

REGISTERED AGENT MUST SIGN

Date

**10/5/2007**

**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
P	Wilson Altamiranda	15125 NW 8 St.	Pembroke Pines, FL 33028
			SD0110493485 10/09/07--01036--022 **300.00

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:

*Wilson Altamiranda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/5/2007 (305) 505-4676**

Daytime Phone #

07 OCT 12 PM 3:24  
STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

CR2E081 (1/07)

**09/18/2002**

5. FEI Number

**020643694**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

OK to update off/dir info per conversation w/ Wilson