

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

P02000100831

1. Corporation Name

SPECTRUM LASER SERVICES, INC.

2. Principal Office Address

P.O. Box 677068

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL 32867-7068

City & State

Zip

32806

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9-1

5. FEI Number

02-0643694

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

Wilson J. Altamiranda

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

1228 Cardinal Cove Circle

Suite, Apt. #, Etc.

City

Sanford

State  
FL

Zip Code

32771

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

7/30/2003

**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	Altamiranda, Wilson J	1228 Cardinal Cove Cir	Sanford, FL 32771

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:

*Wilson Altamiranda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/30/2003

Daytime Phone #

7/8/11

SPECTRUM LASER SERVICE, INC.  
P O BOX 677068  
ORLANDO, FL 32867-7068  
(407) 340-1889

July 24, 2003

DIVISION OF CORPOR  
DEPARTMENT OF STATE  
P. O. BOX 6327  
TALLAHASSEE, FL 32314

SPECTRUM LASER SERVICES, INC  
WILSON J. ALTAMIRANDA  
P O. BOX 677068  
ORLANDO, FL 32867-7068  
To Whom It May Concern:

I AM MAKING THIS LETTER OF EXPLANATION, DUE TO MY  
RELOCATION OF MY BUSINESS TO ANOTHER LOCATION  
I NEVER RECEIVED THE ANNUAL REPORT FOR THE YEAR  
2003. I AM SENDING THE REIN STATEMENT  
APPLICATION AND THE CHECK OF \$150.00  
IF YOU HAVE ANY QUESTION PLEASE CONTACT ME AT  
(407)340-1889

SENCERELY,



WILSON J. ALTAMIRANDA