

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000028301 1. Entity Name LIGHTSTREAM LASER HAIR REMOVAL, INC.						SECRETARY OF STATE DIVISION OF CORPORATIONS 06 OCT 13 AM 8:03 REINSTATEMENT C6	
Principal Place of Business 12620-3 BEACH BLVD #172 JACKSONVILLE, FL 32246				Mailing Address 12620-3 BEACH BLVD #172 JACKSONVILLE, FL 32246			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent ROHRER, TIM 3784 FEMWICK ISLAND DR JACKSONVILLE, FL 32224				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D <input type="checkbox"/> Delete NAME ROHRER, TIM STREET ADDRESS 3784 FENWICK ISLAND DR CITY - ST - ZIP JACKSONVILLE, FL 32224				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP			
TITLE D <input type="checkbox"/> Delete NAME ROHRER, MARK STREET ADDRESS 516 SCOTT ST CITY - ST - ZIP HOMEWOOD, AL 35209				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Timothy Rohrer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10/10/06 904-223-5940 <small>Date Daytime Phone #</small>			