

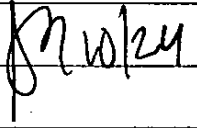
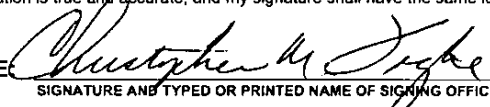


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <u>P03000049623</u>			
<b>1. Corporation Name</b> NORTH AMERICAN LASER, INC.			
<b>2. Principal Office Address</b> 600 Sand Tree Drive Suite, Apt. #, etc. Ste 107 City & State Palm Beach Gardens Zip 3341003 Country Palm Beach		<b>3. Mailing Office Address</b> 600 Sand Tree Drive Suite, Apt. #, etc. Ste 107 City & State Palm Beach Gardens Zip 3341003 Country Palm Beach	
		<b>REINSTATEMENT</b> <u>04-08</u> CR2E081 (8/05)	
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>05/05/2003</u>	
		<b>5. FEI Number</b> 20-0012601	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>			
Name <b>CHRISTOPHER M. TIGHE</b>			
Street Address (P.O. Box Number is Not Acceptable) 600 Sand Tree Drive			
Suite, Apt. #, Etc. Ste 107			
City Palm Beach Gardens		State FL	Zip Code 3341003
<b>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.</b>			
Signature of Registered Agent 		Date 10/10/05	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-	CHRISTOPHER M. TIGHE	600 Sand Tree Drive Ste 107	Palm Beach Gardens, FL 3341003
			
<b>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.</b>			
SIGNATURE 		10/10/05	561-252-8099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #