

2005 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

05 OCT 11 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09292005 REIN-P CR2E098 (6/04)

DOCUMENT # P03000059654	
1. Entity Name THE LASER KING INCORPORATED	



Principal Place of Business 2255 W. GLADES Rd. 1900 NORTH WEST CORPORATE BLVD 400 BOCA RATON, FL 33432-33431	Mailing Address 2255 W. GLADES Rd. 1900 NORTH WEST CORPORATE BLVD SK 400 BOCA RATON, FL 33432-33431
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2. Principal Place of Business 2255 W. Glades Rd Suite, Apt. #, etc. 324 A	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State Boca Raton FL	City & State FL
Zip 33431	Zip 33431
Country P. Beach	Country Palm Bch

4. FEI Number 14-1885225	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHRISTOPHER, PERRERA D 801 NORTH ANDREWS AVENUE 7 DELRAY BEACH, FL 33483	
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7. Name and Address of New Registered Agent Name Christopher Perrera Street Address (P.O. Box Number is Not Acceptable) 577209 ARBOR CLUB WAY City Boca Raton FL Zip Code 33438	
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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 [Signature] Signature, typed or printed name of registered agent and title if applicable.	DATE 9-29-05 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CHRISTOPHER, PERRERA D 801 NORTH ANDREWS AVENUE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 9.28.2005 Daytime Phone #