## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000107087

Entity Name: LASEPRO HAIR REMOVAL, INC.

FILED Oct 19, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1033 SR 436 1900 N. MILLS AVE. SUITE 103 SUITE 201

CASSELBERRY, FL 32707 ORLANDO, FL 32803

New Mailing Address: **Current Mailing Address:** 

1900 N. MILLS AVE. 1418 LADY AMY DR

CASSELBERRY, FL 32707 SUITE 103

ORLANDO, FL 320803

FEI Number: 20-1434560 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OKEY, TYLER OKEY, TYLER 1900 N. MILLS AVE. 1418 LADY AMY DR

CASSELBERRY, FL 32707 US SUITE103 ORLANDO, FL 32803 US

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.

SIGNATURE: TYLER OKEY 10/19/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:** 

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

OKEY, TYLER Name: Name: OKEY, TYLER 3929 RIVERWOOD DR. 2110 MEADOW GLEN COVE #100 Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: PROVO, UT 84604

( ) Delete Title: DST Title: DST (X) Change ( ) Addition

Name: OKEY, JAMIE Name: OKEY, JAMIE

2110 MEADOW GLEN COVE #100 Address: 3929 RIVERWOOD DR. Address: WINTER PARK, FL 32792 PROVO, UT 84604 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TYLER OKEY DP 10/19/2006