

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY 22 AM 6:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000029595

1. Corporation Name

My Laser Inc

2. Principal Office Address - No P.O. Box #

5207 Smokey Water Ln

Suite, Apt. #, etc.

City & State

Oviedo, Florida

Zip

32765

Country

USA

3. Mailing Office Address

5207 Smokey Water Ln

Suite, Apt. #, etc.

City & State

Oviedo, Florida

Zip

32765

Country

USA

REINSTATEMENT
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida 02/18/2005

5. FEI Number

84-1501270

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

Young Kwon

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

5207 Smokey Water Ln

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Young Kwon
REGISTERED AGENT MUST SIGN

Date May 19 2008

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
Pres.	Kate Kwon	5207 Smokey Water Ln	Oviedo FL 32765
Sec.	Young Kwon	5207 Smokey Water Ln	Oviedo FL 32765

000130067470
05/22/08 01006 010 **450.00

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 contained in Chapter 119, 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:

Young Kwon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 19 2008

Date

Daytime Phone #

407 365 2994

B. Mitchell MAY 22 2008