


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 AUG 29 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA200135279188  
09/03/08--01004--006 \*\*450.00REINSTATEMENT 06-08<sup>KS</sup>

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS																													
<b>DOCUMENT #</b> <u>P05000040367</u> <b>1. Corporation Name</b> <u>CERTIFIED TOTAL LASER CARE INC.</u>																															
<b>2. Principal Office Address - No P.O. Box #</b> <u>1500-6 CAPITAL CIRCLE SE</u> Suite, Apt. #, etc. City & State <u>TALLAHASSEE FL</u> Zip <u>32301</u> Country <u>US</u>		<b>3. Mailing Office Address</b> Suite, Apt. #, etc. City & State Zip Country																													
<b>7. Name and Address of Current Registered Agent</b> Name <u>DAVID FERRARO</u> Street Address (P.O. Box Number is Not Acceptable) <u>7575 PRESERVATION RD.</u> Suite, Apt. #, Etc. City <u>TALLAHASSEE</u> State <u>FL</u> Zip Code <u>32312</u>																															
<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 <u>[Signature]</u> Date <u>8-29-08</u> 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> <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PRES.</td> <td>DAVID FERRARO</td> <td>7575 PRESERVATION RD.</td> <td>TALLAHASSEE FL 32312</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PRES.	DAVID FERRARO	7575 PRESERVATION RD.	TALLAHASSEE FL 32312																				
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PRES.	DAVID FERRARO	7575 PRESERVATION RD.	TALLAHASSEE FL 32312																												
<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 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.</b>																															
<b>SIGNATURE:</b> <u>[Signature]</u> <u>DAVID FERRARO</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>8-29-08</u> Daytime Phone # <u>8503256713</u>																													

David Ferraro

8/29/08

RE: Certified Total Laser Care Inc.

Document #: P05000040367

I am requesting a waiver of the reinstatement fee for Certified Total Laser Care Inc. I never received the prior renewal notices as I moved from South Florida to Tallahassee during the summer of 2006.

Thank you for your understanding in this matter,

David Ferraro

A handwritten signature in black ink, appearing to read "D. Ferraro", with a long horizontal flourish extending to the right.