2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 15, 2009
Secretary of State

DOCUMENT# P06000043444

Entity Name: LASER SOLUTIONS, INC.

Current Principal Place of Business:

6314 WHISKEY CREEK DR
A
FORT MYERS, FL 33919

New Principal Place of Business:

6065 POMPANO ST
FORT MYERS, FL 33919

Current Mailing Address:

6065 POMPANO ST.
FORT MYERS, FL 33919

New Mailing Address:

6065 POMPANO ST
FORT MYERS, FL 33919

FEI Number: 30-0360174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VEST, DEREK
15750 CATALPA COVE
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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: DEREK VEST

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:

Title: P ( ) Delete
Name: VEST, DEREK
Address: 15750 CATALPA COVE
City-St-Zip: FORT MYERS, FL 33908

Title: STD ( ) Delete
Name: VEST, TARA
Address: 15750 CATALPA COVE
City-St-Zip: FORT MYERS, FL 33908

Title: VP ( ) Delete
Name: LIRETTE, MARY E
Address: 212 EDITH ST
City-St-Zip: HOUMA, LA 70360

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. 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: TARA VEST STD 12/15/2009

Electronic Signature of Signing Officer or Director — Date