

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -3 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P06000077899*

1. Corporation Name

Custom Laser Creations

W09-14624

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

824 Lake Baldwin Lane

3. Mailing Office Address

824 Lake Baldwin Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32803

Country

USA

Zip

32803

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/2006

5. FEI Number
16-1761940

☐ 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

Barbara Cochrane

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

824 Lake Baldwin Lane

Suite, Apt. #, Etc.

City

Orlando, Florida

State

FL

Zip Code

32803

☒ 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

Barbara Cochrane

REGISTERED AGENT MUST SIGN

Date

5/19/09

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
P	Barbara Cochrane	824 Lake Baldwin Lane	Orlando, Florida 32803
VP	William Cochrane	824 Lake Baldwin Lane	Orlando, Florida 32803

REINSTATEMENT
RH

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:

Barbara Cochrane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/09

Date

407-3809880

Daytime Phone #