

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

02 DEC 26 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PG300002111

1. Corporation Name

Florida Laser Supply, Inc.

2. Principal Office Address

3254 Cleveland Ave

3. Mailing Office Address

3254 Cleveland Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers FL

City & State

Ft. Myers FL

Zip

33901

Country

USA

Zip

33901

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

1993

5. FEI Number

65-0368460

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

Phillip J. Sherman

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

#83 Horizon Blvd.

Suite, Apt. #, Etc.

City

North Ft. Myers

State
FL

Zip Code

33903

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

Phillip J. Sherman

REGISTERED AGENT MUST SIGN

Date

Dec 23 2002

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	Stephen J. Sherman	6302 E. Paradise Drive Scottsdale, AZ. 85254	Scottsdale, AZ. 85254

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-20-02 480-922-8922

Daytime Phone #

CR2E081 (8/01)

12/31

Florida Laser Suppy, Inc.
3254 Cleveland Ave.
Ft. Myers, FL. 33901
941-277-1500

Dear Sirs,

Our administrative office moved in late 1999 and we never received the Annual report notice, or the 2nd or 3rd notices. They were not forwarded to us. Please waive the penalty fee. I have enclosed a check for \$300(per conversation with your office) to pay for 2001 and 2002 fees. Please call me with any questions. Please change our address in your records to 3254 Cleveland Ave. Ft. Myers, FL. 33901

Thank you,


Stephen J. Sherman.
President