

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUL -7 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000011029

1. Corporation Name

PHYSICIANS LASER SERVICES, INC.

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

5460 Lake Rd.

Suite, Apt. #, etc.

City & State

Tully, NY

Zip

13159

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

000209701660
07/07/11--01001--012 **1050.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 02/07/1995

5. FEI Number

59-3297486

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

Incorporating Services, Ltd.

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

1540 Glenway Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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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

Melissa A. Stapp, Asst. Secretary
REGISTERED AGENT MUST SIGN

Date 7/5/11

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
D,P	Mark T. Gleason	5460 Lake Rd.	Tully, NY 13159
D,S	Debra Dziadula	5460 Lake Rd.	Tully, NY 13159

10. E-mail Address: sollishm@yahoo.com

(To be used for future annual report notification)

11. 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. and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Mark T. Gleason

Mark T. Gleason

6/30/2011

(315) 727-5788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #