

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUL -5 PM 6:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 095000048696

1. Corporation Name

INTERNATIONAL LASERVISION, INC.

700003339427--4  
-07/28/00--01060--010  
\*\*\*1050.00 \*\*\*1050.00

2. Principal Office Address

180 YACHT CLUB WAY

Suite, Apt. #, etc.

209

City & State

Hypolucho. FL

Zip

33462

Country

US

3. Mailing Office Address

180 YACHT CLUB WAY

Suite, Apt. #, etc.

209

City & State

Hypolucho, FL

Zip

33462

Country

US

**REINSTATEMENT**

98-00

4. Date Incorporated or Qualified  
To Do Business in Florida

6/15/95 **SP**

5. FEI Number

65-0592438

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

TERRENCE R. HUSTON

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

180 YACHT CLUB WAY

Suite, Apt. #, Etc.

209

City

Hypolucho

State

FL

Zip Code

33462

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

July 3, 2000

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
Full Dir	TERRENCE R. HUSTON	180 YACHT CLUB WAY 209	Hypolucho. FL-33462
V.P. Dir	CHARLES SLICKLEN	12368 HARBOR RIDGE BLVD.	PALM CITY, FL. 34990

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]

T.R. HUSTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

July 3, 2000 561-582-1926

Daytime Phone #