

DEC. 5. 2006 3:54PM

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NO. 422 P. 2

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 DEC -5 PM 3:21

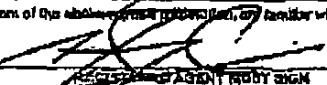
SEC.
TALLAH.

JDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95 0000 66472					
1. Corporation Name Laser Development Corp.					
2. Principal Office Address 1053 Maitland Ctr. Comm.			3. Mailing Office Address 1053 Maitland Ctr. Commons		
Suite, Apt. #, etc. Suite # 200			Suite, Apt. #, etc. Suite # 200		
City & State Maitland, FL			City & State Maitland, FL		
Zip 32751		Country USA		Zip 32751	
		Country USA			

**1996-2006
REINSTATEMENT**
CRZ001 (12/06)

7. Name and Address of Current Registered Agent	
Name David Gabba	
Street Address (P.O. Box Number is Not Acceptable) 1053 Maitland Center Commons	
Suite, Apt. #, etc. Suite 200	
City Maitland	State FL
	Zip 32751

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0205 or 607.0203, F.S.			
Signature of Registered Agent 		Date 11-17-06	
9. Name and Street Address of Each Officer and/or Director (Florida requires all corporations report at least 3 directors)			
Type	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
P	DAVID GABBA	1053 Maitland Center Comm. Suite 200	Maitland, FL 32751
VP	OREN GABBA	1053 Maitland Center Comm. Suite 200	Maitland, FL 32751
S/T	ORET FAGEN	1053 Maitland Center Comm. Suite 200	Maitland, FL 32751
10. I certify that I am an officer or director of the corporation or person empowered to execute this application as provided for in sections 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporation name satisfies the requirements of sections 607.0401 or 617.0401, F.S., that all taxes owed by the corporation have been paid and the purpose of this form is to certify for tax purposes, as required in Chapter 112, F.S. The information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		Date Nov. 22/06	
SIGNATURE AND PRINTED NAME OF SHARED OFFICE REPRESENTATIVE		Date (407) 869-1000	

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

Heather v. 2908

CORPORATION REINSTATEMENT

LASER DEVELOPMENT CORP.

Certificate of Status	0
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