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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 DEC -5 P 3:21

SEC. TALLA FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95 0000 66472

1. Corporation Name

Laser Development Corp.

1996 - 2006
REINSTATEMENT

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
1053 Maitland Ctr Comm.	1053 Maitland Ctr. Commons
Suite # 200	Suite # 200
Maitland, FL	Maitland, FL
32751 USA	32751 USA

4. Date Incorporated or Qualified To Do Business In Florida: Aug 25, 1995

5. FEI Number: 59-3400883 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: David Gabbai

Street Address (P.O. Box Number Is Not Acceptable): 1053 Maitland Center Commons

Suite, Apt. #, Etc.: Suite 200

City: Maitland State: FL Zip Code: 32751

8. I hereby appointed the registered agent of the above-named corporation, and familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 11-17-06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida profit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DAVID GABBAI	1053 Maitland Center Comm. Suite 200	Maitland, FL 32751
VP	OREN GABBAI	1053 Maitland Center Comm. Suite 200	Maitland, FL 32751
S,T	OREET FAGEN	1053 Maitland Center Comm. Suite 200	Maitland, FL 32751

10. I certify that I am an officer or director of the corporation or trustee empowered to execute this application as provided for in section 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 taxes 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 submitted on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X _____ Nov 22/06 (407) 869-1090

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
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Heather v. 2908

CORPORATION REINSTATEMENT

LASER DEVELOPMENT CORP.

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