

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 17 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 96 000 000 728

**1. Corporation Name**

Laser Technologies International Incorporated

**2. Principal Office Address**

250 Business Parkway

Suite, Apt. #, etc.

Suite 4

City & State

Royal Palm Beach

Zip

33411

Country

USA

**3. Mailing Office Address**

250 Business Parkway

Suite, Apt. #, etc.

Suite 4

City & State

Royal Palm Beach

Zip

33411

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

Jan 02 1996

**5. FEI Number**

65-0637486

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

Riscalla Stephen

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

133 Teal Court

Suite, Apt. #, Etc.

City

Royal Palm Beach

State

FL

Zip Code

33411

**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

*Stephen Riscalla*

REGISTERED AGENT MUST SIGN

Date 10-9-2003

**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
P	Riscalla Stephen	133 Teal Court	Royal Palm Beach, FL 33411

**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:

*Stephen Riscalla*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-2003 561-792-9600

Date

Daytime Phone #

CR2E081 (10/02)

 **LASER TECHNOLOGIES**  
250 BUSINESS PARKWAY SUITE 4  
ROYAL PALM BEACH, FLORIDA 33411-1738  
PHONE 561-792-9600 FAX 561-792-6282

SERVING PALM BEACH COUNTY SINCE 1995

October 9, 2003

Glenda E. Hood  
State of Florida  
Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL. 32314

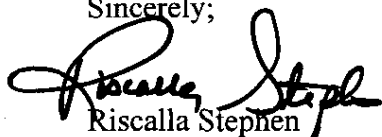
Dear Ms. Hood:

Please accept the enclosed check and reinstate our Corporation. I never received any documents to renew our corporation and as a result I have been notified that the corporation has been dissolved / revoked.

Please note that as of March 2002 we moved to a new address and this may have had something to do with not getting our renewal notice.

Thanking you in advance.

Sincerely;

  
Riscalla Stephen

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