PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN -8 AM 8:00

DOCUMENT # P96000092756

1. Corporation Name
LASER TECH SOUTH, INC.

REINSTATEMENT 01-04

700037759737
06/08/04--01019--015 **600.00

MRS

2. Principal Office Address	3. Mailing Office Address
9350 WORKMEN WAY	9350 WORKMEN WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT MYERS FL	City & State: FT MYERS FL
Zip: 33905 Country: USA	Zip: 33905 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/7/1996

5. FEI Number: 65-0705468 ☐ 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: JOHN FORNANDER

Street Address (P.O. Box Number is Not Acceptable): 9350 WORKMEN WAY

Suite, Apt. #, Etc.:

City: FT MYERS State: FL Zip Code: 33905

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: John Fornander Date: 5-30-2004
REGISTERED AGENT MUST SIGN

CR2E055 (01/04)

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	JOHN FORNANDER	9350 WORKMEN WAY	FT MYERS FL 33905

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: John Fornander 5-30-04 941-575-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #