

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 30 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000060866

1. Corporation Name

THE LASER GROUP, INC.

Principal Place of Business

6156 NW 72 WAY
PARKLAND FL 33067

Mailing Address

6156 NW 72 WAY
PARKLAND FL 33067

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/1997

5. FEI Number

65-0786301

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	SIEBERT, ANNETTE	6156 NW 72 WAY	PARKLAND FL 33067
DVS	SIEBERT, DUANE	6156 NW 72 WAY	PARKLAND FL 33067
			600003471226--9 -11/20/00--01146--017 ****750.00 ****750.00
			REINSTATEMENT 00 18

8. Name and Address of Current Registered Agent

~~LIPSHY, BRIAN L
1401 FORUM WAY, STE 700
WEST PALM BEACH FL 33401~~

9. Name and Address of New Registered Agent

Name

DUANE SIEBERT

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

6156 NW 72nd WAY

Suite, Apt. #, Etc.

ST 100

City

PARKLAND

State

FL

Zip Code

33067

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

DUANE SIEBERT

REGISTERED AGENT MUST SIGN

Date 10/15/00

11. 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:

ANNETTE SIEBERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/00 9547968000
Date Daytime Phone #

CR2E040 (9/00)