

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

02 NOV 18 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000047960

1. Corporation Name

COMP LASER USA, INC.

REINSTATEMENT 02

400008801424
11/05/02--01033--002 **750.00

2. Principal Office Address

241 E. FLAGLER STREET

Suite, Apt. #, etc.

City & State

MIAMI-FL

Zip

33131

Country

USA

3. Mailing Office Address

241 E. FLAGLER STREET

Suite, Apt. #, etc.

City & State

MIAMI-FL

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/29/1998

5. FEI Number

65-0847824

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

ALEX GELMAN

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

241 E. FLAGLER STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

10/30/02

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 ALEX GELMAN

241 E. FLAGLER STREET

MIAMI, FL 33131

ST SHAUL YEASHOU

241 E. FLAGLER STREET

MIAMI, FL 33131

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/02

Daytime Phone #