| ▲ Tear H  |   |   |   | BEEC   | )R  |   | 'ING'                  | THIS FORM   | A Teer                          | Here A                |  |
|---|---|---|---|--|---|---|------------------------|---|---------------------------------|-----------------------|--|
| AT<br>FEIN  | FLICATION<br>FOR<br>ISTATEMENT<br>House Instantions on Other    | DE RT<br>m Shi<br>Sion taryat<br>Sion of compo            | DEALER THAN AND F STATE<br>In Shift<br>Stort tary of the state<br>SION IF CORPORTIONS |  |   | 99 NOV -4 AM II: 57<br>SECRETARY OF STATE<br>TALLAHASSEE. FLORIDA |                        |   |                                 |                       |  |
|   | Make Check Payable T  | o: Departn  | nent of State   |  |   |   |                        |   |                                 |                       |  |
| ł. Name a   | Ind Mailing Address of Corporation: DO                          | CUMENT  | #P980000  | 72849  | )   | address be  | in Block<br>low:       | t is incorrect in any                               | way, enter th                   | e correct             |  |
| Opticut Lasers, Inc.<br>215 SW 21st Terrace<br>Fort Lauderdale, FL 33312                      |   |   |   |  |   | Address   | A00/985                |   |                                 |                       |  |
|   |   |   |   |  |   | City and State  | City and State         |   | Zip Code                        |                       |  |
|   |   |   | •   |  |   | 3. If Principle (<br>address bei<br>Address<br>City and State     | Office A<br>low:       | dress is different from n                           | Tip Code                        |                       |  |
| Data los  |   |   |   | <u> </u>                                       | _   |   |                        | 40.95   | <u>.</u>                        |                       |  |
| To Do B   | corporated or Qualified<br>iusiness in Florida<br>8 / 1 8 / 9 9 | 5. FEI Numb   |   |  | FEI Number Applied<br>FEI Number Not App    |   |                        | ficate of Stat                                      | tus                             |                       |  |
| 08/18/99 65-08567<br>7. Names and Street Addresses of Each Officer and/or Director (Florida n |   |   |   |  |   |   |                        | ATUS DESI   |                                 |                       |  |
| Title(s)  | Name of Officers<br>and/or Directors                            |   | St  | reet Addres                                    | s of<br>r Dir                               | Each  | 4                      | City / State  | / Zip                           |                       |  |
| P,D   | John M. Ruppert   | Ruppert 1607 SE   |   |  | 12th Court                                  |   |                        | Lauderdal   | e, FL                           | 333                   |  |
| <b>T</b> ,D   | Anthony Miniea  |   | 298 Sou   | th Dr  | <u>i v</u>                                  |   |                        | amorada, F<br>0030454<br>11/16/3901<br>****150.00   |                                 | -3                    |  |
|   |   |   |   | 9.   |   | If changed  | d, new re              | gistered agent / office                             |                                 |                       |  |
| Atest   | 8. Name and Address of Current R                                |   |   | Name   |   |   |                        |   | ·-··                            |                       |  |
|   |   |   |   |  | Street Address (Do NOT Use P.O. Box Number) |   |                        |   |                                 |                       |  |
| John M. Ruppert<br>215 SW 21st Terrace<br>Fort Lauderdale, FL 33312                           |   |   | !   | Street Ac                                      | ddra  | ss (Do NOT Use P.O.   | Box Number)            |   |                                 |                       |  |
| C { beine   | appointed the registered agent of the abov                      | e name corra-   | ation am familiar un  |  |   | he obligations of Cart  | 00 607 (               | FL.   | F                               |                       |  |
| gnature of<br>egistered A   | Al MI   | Turk  |   |  | -pri  |   | Date                   | Inhol   | 29                              | KE                    |  |
|   | nis corporation is a non-pr                                     |   |   |  | ex  | empt status, o  | chec                   | this box  | (See other i<br>additional info |                       |  |
| Dej   | es this corporation pay a<br>pt. of Revenue under S.            | 199.032,  | Florida Stat  | utes.  |   | es 😰 No 🗌   |                        | (See other side fi<br>on intangit                   | xe tax.)                        |                       |  |
| fees owe<br>under oa  | IL MA   | ver or trustee en<br>lution has been<br>e information inc | npowered to execut<br>eliminated, the con<br>dicated on this appl                     | e this applic<br>porate nam<br>lication is tra | catio<br>e sa<br>ue a                       | nd accurate, and my   | its of sei<br>signatur | ction 607.0401 or 617.0<br>e shall have the same is | egal effect as                  | o inat all<br>if made |  |
| flicer of Dir<br>med or ver   |   | Uppe  |   | Date 10  | Ľ   | Day Day   | time Ph                | one # 954 5   | 87 036                          | 2                     |  |

2

Opticut Lasers, Inc. 215 SW 21<sup>st</sup> Terrace Fort Lauderdale, FL 33312

October 30, 1999

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE: Document #P98000072849

Gentlemen:

Enclosed please find our Application of Reinstatement.

We herewith request that you waive the penalty for failure to timely file our 1999 Corporate Annual Report. The original and second requests were sent to the wrong address. Enclosed please find our Reinstatement Application and check for \$150.

Very tryly yours John Ruppert, President