

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2003 UBP CORPORATION  
2003

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000021493

1. Corporation Name  
LASER SHOT, INC.

2. Principal Office Address  
12818 CENTURY DR.  
Suite, Apt. #, etc.  
City & State  
STAFFORD, TX.  
Zip  
77477  
Country  
USA

3. Mailing Office Address  
SAME  
Suite, Apt. #, etc.  
City & State  
City & State  
Zip  
Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 AUG -8 AM 8:00

4. Date Incorporated or Qualified To Do Business in Florida 3/4/99

5. FEI Number 593570138  
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 ALAN WINSLETTE

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

Suite, Apt. #, Etc.

City FORT WALTON BEACH State FL Zip Code 32548

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 [Signature] Date 7/30/03

REGISTERED AGENT MUST SIGN

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
PRES.	PAIGE MANARD	12818 CENTURY DR.	STAFFORD, TX 77477
V/P	ALAN WINSLETTE	127 THIRD AVE.	FT. WALTON BEACH, FL 32548
SEC.	ALAN WINSLETTE		

600022181416  
08/08/03-01058-011 \*\*\$88.75

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] ALAN WINSLETTE 7/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

281-240-1122