

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED

99 OCT 22 AM 11:22

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F96000000446**

1. Corporation Name

**TLC THE LASER CENTER (NORTHEAST) INC.**

Principal Place of Business

Mailing Address

6701 DEMOCRACY BLVD., SUITE 200  
 BETHESDA MD 20817

6701 DEMOCRACY BLVD., SUITE 200  
 BETHESDA MD 20817

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/26/1996

5. FEI Number

52-1852589

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT**

99<sup>o</sup>

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. FEI Number
PD	VAMVAKAS, ELIAS	6701 DEMOCRACY BLVD. #200	BETHESDA MD 20817
VD	KELLY, RONALD J	6701 DEMOCRACY BLVD., SUITE 200	BETHESDA MD 20817
D	REIGERT, JOHN F	6701 DEMOCRACY BLVD., SUITE 200	BETHESDA MD 20817
T	KASTELIC, PETER	6701 DEMOCRACY BLVD. #200	BETHESDA MD 20817
VS	KARMIN, ELIZABETH A	6701 DEMOCRACY BLVD. #200	BETHESDA MD 20817

Assistant Secretary

*Fiorini, Lloyd*

*6701 Democracy Blvd, #200*

*Bethesda, MD 20817*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENICE-HALL CORPORATION SYSTEMS, INC.  
 1201 HAYS STREET  
 TALLAHASSEE FL 32302

Name C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)  
 1200 South Pine Island Road

Suite, Apt. #, Etc.

City Plantation

State FL

Zip Code 33324

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

**C T CORPORATION SYSTEM**

*Charlie Shampang*

Date 10/21/99

REGISTERED AGENT MUST SIGN **Asst. Secretary**

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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**RE**

SIGNATURE:

*Lloyd Fiorini*  
 Lloyd Fiorini

10-20-99 301-571-2020

Date

Daytime Phone #

CREATOR (REV)