


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S59974 1. Entity Name LARSON COMMUNITIES, INC.	
---	---

FILED
 06 NOV 13 PM 1:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 4691 LAUREL OAK LANE NE ST. PETERSBURG, FL 33703 US	Mailing Address 4691 LAUREL OAK LANE NE ST. PETERSBURG, FL 33703 US
---	---



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

11012006 REIN-P CR2E098 (11/05) **06**

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-3086004	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

6. Name and Address of Current Registered Agent LARSON, WALTER 4691 LAUREL OAK LN NE ST. PETERSBURG, FL 33703	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LARSON, JEFFREY 985 MARCO DRIVE ST. PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900081735949 11/13/06--01035--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, JEFFREY. 985 MARCO DRIVE ST. PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAKER, LAURA 210 FOREST HILLS DR VALDESE, NC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, WALTER 1926 BRIGHTWATERS BLVD NE SAINT PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **11-08-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #