

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

15 JAN -5 PM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L13000142829

1. Limited Liability Company's Name

Beecher A. Larson, P.L.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

1201 Ridge Road

Suite, Apt. #, etc.

3. Mailing Office Address

1201 Ridge Road

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32750

Country

USA

Zip

32750

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

46-3840216

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Beecher A. Larson

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

1201 Ridge Road

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32750

100268009601  
01/05/15--01028--017 \*\*377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12-29-14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Beecher A. Larson	1201 Ridge Road	Longwood, FL 32750

REINSTATEMENT

2013-2014

11. E-mail Address: beech2000@earthlink.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 12/29/14

Daytime Phone # 321-206-3270

Typed or printed name of signing Authorized Representative/Manager Beecher A. Larson