

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 19 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L96324**

1. Corporation Name
LARGE LARS, INC.

Principal Place of Business
**C/O STUARTS LOBBY
4811 S UNIVERSITY DR., SUITE 165
DAVIE FL 33328**

Mailing Address
**15955 E. WIND CR.
FT. LAUDERDALE FL 33326**



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-02/24/98--01076--005

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		4. Date Incorporated or Reincorporated To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		8/27/1990	
City & State		City & State		5. FEI Number 65-0285986	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	HINSON, WILLIAM L	15955 E WIND CIR	FT. LAUDERDALE FL
D	HINSON, WILLIAM L	15955 E WIND CIR	FT. LAUDERDALE FL

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****150.00 ****150.00
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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HINSON, WILLIAM LAWRENCE 4811 S UNIVERSITY DR., SUITE 165 DAVIE FL 33328		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

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: William Lawrence Hinson Date: 1-22-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for Information on Intangible tax.)

12. 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)(f), 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: William L. Hinson WILLIAM L. HINSON 1-22-98 954 389 9094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR22540 (8/97)