

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 15 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000032307

1. Corporation Name

Larkin Holdings, Inc

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

8477 Bay Colony

Suite, Apt. #, etc

Unit 1101

City & State

Naples, FL

Zip

34108

Country

USA

3. Mailing Office Address

8477 Bay Colony

Suite, Apt. #, etc

Unit 1101

City & State

Naples, FL

Zip

34108

Country

USA

100151468961

04/21/09--01022--003 **1200.00

REINSTATEMENT 02-09

4. Date Incorporated or Qualified
To Do Business in Florida...

3/26/2001

5. FEI Number

04-3591076

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

William Larkin

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

8477 Bay Colony

Suite, Apt. #, Etc.

Unit 1101

City

Naples

State

FL

Zip Code

34108

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

William B. Larkin

REGISTERED AGENT MUST SIGN

Date

4/14/09

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
PT/TS VTD	William B. Larkin	8477 Bay Colony, Unit 1101	Naples, FL 34108

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 contained in Chapter 119, 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 B. Larkin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/09

Date

248644-3508

Daytime Phone #