

APPLICATION  
FOR

## FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000089561

1. Corporation Name

LARRY TAYLOR INC.

Principal Place of Business

9800 SW 168 TERRACE  
PERRINE FL 33157

Mailing Address

9800 SW 168 TERRACE  
PERRINE FL 33157

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/12/2001

5. FEI Number

65-1140786

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$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	4 City / State / Zip
Director	Larry Taylor	9305 SW 179 Terr	Miami, FL 33157

8. Name and Address of Current Registered Agent

TAYLOR, LARRY  
9800 SW 168 TERRACE  
PERRINE FL 33157

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered AgentX *Signature* REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-22-02

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

SIGNATURE:

X *Signature* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-02

10-22-07

Dear Sirs,

I did not receive a letter about a problem on my report. I did receive a notice of Dissolution or Revocation because of a problem I put in missing information to correct this problem. You have already received my payment of \$550.00 for filing.

Thank You

Gary Taylor

Be.Doc# PD1000089561

Corp Name. Larry Taylor Inc.

9800 S.W. 168 terr.

Perrine, FLA 33157

305-235-7651