

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 NOV 15 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 801000102949

1. Corporation Name

LARSEN POOL + PATIO, INC.

2. Principal Office Address

340 NW 19 ST

Suite, Apt. #, etc.

302

City & State

BOCA RATON, FL

Zip

33432

Country

PALM BEACH

3. Mailing Office Address

P.O. Box 604

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH

Zip

33443

Country

BROWARD

REINSTATEMENT 04-05

4. Date Incorporated or Qualified  
To Do Business in Florida

10/24/01

5. FEI Number

65-1149045

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

GILBERT G. LARSEN

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

340 NW 19 STREET

Suite, Apt. #, Etc.

302

City

BOCA RATON

State

FL

Zip Code

33432

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

*[Signature]*

Date

11/10/05

REGISTERED AGENT MUST SIGN

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
	GILBERT G. LARSEN	340 NW 19 ST #302	BOCA RATON, FL 33432

300061439593  
11/15/05--01045--010 \*\*300.00

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 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:

*[Signature]* GILBERT G. LARSEN

Date

11/10/05

Daytime Phone #

754-246-9899

## **Larsen Pool & Patio, Inc.**

November 10, 2005


Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam,

I am writing to request a waiving of the reinstatement fees for my corporation due to the hardships I experienced from the hurricanes of the fall of 2004. I had a swimming pool renovation company that typically required that several jobs be running concurrently to keep my company operating in the black. The six weeks of hurricanes caused delays and cancellation of work in progress that stopped my cash flow and effectively put me out of business. I was unable to pay bills or the corporate filing fee.

I have sent the reinstatement for along with a check for \$300.00 for each of the years since the automatic dissolution. Please call me if you have any questions or need further information at 754-246-9899.

Sincerely,



Gilbert G. Larsen