

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 24 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000082731**

1. Corporation Name

GRANT LARSON CARPENTRY SERVICES, INC.

Principal Place of Business

817 RIVIERA ST.
VENICE FL 34285

Mailing Address

2060 DUMONT DR.
PUNTA GORDA FL 33983

REINSTATEMENT 03



800025738818
12/24/03--01004--029 **150.00

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 & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/2002

5. FEI Number

33-1015323

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	LARSON, PETER G JR.	2060 DUMONT DR.	PUNTA GORDA FL 33983
VP SEC.	MURRAY, GEOFFREY	1065 LABELLE TERR.	PORT CHARLOTTE FL 33948
V.P	Larson, Madeline P.	2060 DUMONT DR.	Punta Gorda, FL 33983

8. Name and Address of Current Registered Agent

~~LARSON, PETER G JR.~~
2060 DUMONT DR.
PUNTA GORDA FL 33983

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 Agent

P. Brant Tarrance
REGISTERED AGENT MUST SIGN

Date **10/26/03**

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:

P. Brant Tarrance
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/26/03 **944-626-7671**

Daytime Phone #

CR2E040 (7/03)

Grant Larson Carpentry Services, INC.

2080 Dumont Dr.
Punta Gorda, FL 33983

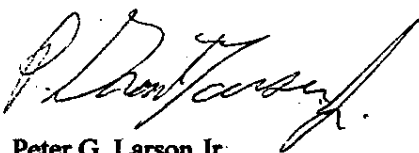
December 16, 2003

Florida Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom This May Concern:

This letter is to inform you that we have not received any prior UBR notices. Enclosed with this letter is our Application for Reinstatement Form and appropriate fees.

Thank you,



Peter G. Larson Jr.
President