

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000014336

1. Corporation Name

LARSON'S LODGES, INC.

Principal Place of Business

2009 W VINE ST  
KISSIMMEE FL 34741

Mailing Address

2009 W VINE ST  
KISSIMMEE FL 34741

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

2. New Principal Office Address, If Applicable

6075 W IRO BRANSON Hwy  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6075 W IRO BRANSON Hwy  
Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Kissimmee FL

Zip Country

34741 USA

Zip Country

34741 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/28/1992

5. FEI Number

59-3156217

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
D	LARSON, ROBERT L	2009 W VINE ST	KISSIMMEE FL 34741
D	LARSON, IRIS D	2009 W VINE ST	KISSIMMEE FL 34741
P	LARSON, RANDAL L	2009 W VINE ST	KISSIMMEE FL 34741
S	LARSON, GARY	2009 W VINE ST	KISSIMMEE FL 34741
T	LARSON, GARY R	2009 W VINE ST	KISSIMMEE FL 34741
			11/15/00-01002--011 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

LARSON, ROBERT L  
2009 W VINE ST  
KISSIMMEE FL 34741

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.

Signature of  
Registered Agent

Robert L. Larson

REGISTERED AGENT MUST SIGN

Date

10/24/00

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:

Larson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/00

Date

407-396-6100

Daytime Phone #

CR2E040 (8/00)