

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P93000005575

**Entity Name:** LARSEN BUILDERS, CORP.

**FILED**  
**May 31, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

500 NE 4TH AVE  
BOCA RATON, FL 33432

**New Principal Place of Business:**

901 NE 4TH AVE  
BOCA RATON, FL 33432

**Current Mailing Address:**

500 NE 4TH AVE  
BOCA RATON, FL 33432

**New Mailing Address:**

901 NE 4TH AVE  
BOCA RATON, FL 33432

**FEI Number:** 65-0382739

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOPKINS, JOHN O ESQ  
185 NW SPANISH RIVER BLVD.  
SUITE 110  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** JOHN HOPKINS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** LARSEN, PETER M PRESIDE  
**Address:** 901 NE 4TH AVE  
**City-St-Zip:** BOCA RATON, FL 33432

**Title:** SECR  
**Name:** LARSEN, THERESA M  
**Address:** 901 NE 4TH AVE  
**City-St-Zip:** BOCA RATON, FL 33432

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** PETER M LARSEN

PRES

05/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date