


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000001515			
1. Corporation Name G.R. LARSON, INC. 4144 NW 67TH TER CORAL SPRINGS, FL 33067			
2. Principal Office Address 4144 NW 67 TER		3. Mailing Office Address 4144 NW 67TH TER	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL	
Zip 33067	Country USA	Zip 33067	Country USA
4. Date Incorporated or Qualified To Do Business in Florida JAN 1996		5. FEI Number 65-0634542	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent			
Name G. R. LARSON			
Street Address (P.O. Box Number is Not Acceptable) 4144 NW 67TH TER			
Suite, Apt. #, Etc.			
City CORAL SPRINGS		State FL	Zip Code 33067
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 G.R. Larson		Date 3/23/05	
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
MR.	G. R. LARSON	4144 NW 67TH TER	CORAL SPRINGS, FL 33067
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: G.R. Larson		3/23/05 954-227-7438	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-05

CR2E001 (01/05)

Greg Larson



Representing Makers of Distinctive Home Furnishings

4144 NW 67TH Terrace: Coral Springs, FL : 33067 Office: 954-227-7438 Fax: 954-227-7439
March 24, 2005

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314
Attn: Reinstatement Section

To Whom It May Concern:

When attempting to file my annual report through your new on line service, I learned that my corporation was not active.

I changed my address several years ago, and have not been receiving the notices to file annually. I spoke with one of your employees, Eula, regarding reinstatement, and I was instructed to submit a payment for \$1,050. This payment, enclosed, is to reinstate my corporation, G. R. Larson, Inc. and bring my account current through 2005.

Please apply the enclosed check, #3155, to reinstate my corporation, EIN 65-0634542, Tax ID # 16-03-301369-29.

Thank you for your assistance, if you have any questions, call 954-227-7438.

Best Regards,

G.R. Larson

Cc Randy Stafman CPA