

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 FEB 15 PM 3:20

DOCUMENT # P96000104033

1. Corporation Name

LARSEN LANDSCAPE & TREE SERVICE, INCORPORATED

2. Principal Office Address - No P.O. Box #

2919 AEIN ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

3315 RIDER PLACE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32817

Country

Zip

32817

Country

500192571175
01/26/11--01025--010 **908.75

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **1996**

5. FEI Number
59-3416085

☐ 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 **Jeffrey R. Larsen**

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

3315 Rider Place

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32817

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

Jeffrey R. Larsen Date **2-9-11**

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
P	JEFFREY R. LARSEN	3315 RIDER PLACE	ORLANDO, FL 32817

REINSTATEMENT

B 2/16/11

10-11

10. E-mail Address: **JEFFLARSEN@YAHOO.COM**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Jeffrey R. Larsen

1/23/2011

407-466-4134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #