

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10/1/98

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sammy B. Williams
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT 30 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 007000005117

1. Corporation Name

LARS Sun Environmental, Inc.

Principal Place of Business

Mailing Address

162 Big Buck Dr
Tallah. FL 32312

300002678709--4
-11/03/98--01031--001
****150.00 ****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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

6-11-97
6-97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3959375

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
	Tim R Larson	162 Big Buck Dr Tallah. FL 32312	

8. Name and Address of Current Registered Agent

Tim R. Larson
156 Big Buck Dr.
Tallahassee, FL 32312

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Tim R Larson

REGISTERED AGENT MUST SIGN

Date

10-30-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Tim R Larson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-98

Date

Daytime Phone #

850-906-9737

CR2E040 (1/98)

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Did not receive notice (Annual report)
I didn't know I was late.

Tim R Larson