

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000108305

Entity Name: LARSON LEASES, INC.

FILED
Apr 20, 2007
Secretary of State

Current Principal Place of Business:

6073 W. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34747

New Principal Place of Business:

1651 S. NARCOOSSEE RD
ST. CLOUD, FL 34771

Current Mailing Address:

6073 W. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34747

New Mailing Address:

1651 S. NARCOOSSEE RD.
ST. CLOUD, FL 34771

FEI Number: 59-3485716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRATT, JAMES R
369 NORTH NEW YORK AVE., 3RD FLOOR
WINTER PARK, FL 32789 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: JAMES PRATT

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LARSON, GARY
Address: 6073 W. IRLO BRONSON MEMORIAL HWY.
City-St-Zip: KISSIMMEE, FL 34747

Title: D () Delete
Name: LARSON, RANDALL K
Address: 6073 W. IRLO BRONSON MEMORIAL HWY.
City-St-Zip: KISSIMMEE, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LARSON, GARY
Address: 4345 N. STAFFORD CT.
City-St-Zip: PROVO, UT 84604

Title: D (X) Change () Addition
Name: LARSON, RANDALL K
Address: 1651 S. NARCOOSSEE RD.
City-St-Zip: ST. CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RANDY LARSON

D

04/20/2007

Electronic Signature of Signing Officer or Director

Date