

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000044872

Entity Name: LARSON WAREHOUSES, INC.

FILED
Sep 07, 2006
Secretary of State

Current Principal Place of Business:

4689 SW 72ND AVE
MIAMI, FL 33155

New Principal Place of Business:

5000 SW 75TH AVE
SUITE 112
MIAMI, FL 33155

Current Mailing Address:

4689 SW 72ND AVE
MIAMI, FL 33155

New Mailing Address:

5000 SW 75TH AVE
SUITE 112
MIAMI, FL 33155

FEI Number: 65-0843433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSON, RAYMOND
4689 SW 72ND AVE
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

LARSON, RAYMOND
5000 SW 75TH AVE
SUITE 112
MIAMI, FL 33155 US

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: RAYMOND M. LARSON

09/07/2006

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: PSTD () Delete
Name: LARSON, GARY
Address: 4689 SW 72ND AVE
City-St-Zip: MIAMI, FL 33155

Title: VSD () Delete
Name: LARSON, DOLORES
Address: 4689 SW 72ND AVE
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: LARSON, GARY
Address: 5000 SW 75TH AVE, STE 112
City-St-Zip: MIAMI, FL 33155

Title: VSD (X) Change () Addition
Name: LARSON, DOLORES
Address: 5000 SW 75TH AVE, STE 112
City-St-Zip: MIAMI, FL 33155

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: GARY LARSON

PTSD

09/07/2006

Electronic Signature of Signing Officer or Director

Date