

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V54556**

1. Corporation Name

**LARSON VENTURES, INC.**

Principal Place of Business

Mailing Address

P O BOX 5435  
DESTIN FL 32541  
US

2140 ARIELLE DR #410  
NAPLES FL 34109  
US

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

Suite, Apt. #, etc. **7235 Mill Run Cir**  
City & State **Naples, FL**  
Zip **34109** Country **USA**

Suite, Apt. #, etc. **7235 Mill Run Cir**  
City & State **Naples, FL**  
Zip **34109** Country **USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/31/1992**

5. FEI Number

**59-3141756**

Applied For

☒ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	LARSON, ALLAN T.	4629 PARADISE ISLE	DESTIN FL 32541
ST	LARSON, TERESA A.	4629 PARADISE ISLE	DESTIN FL 32541

**700004721117--5**

**-12/12/01--01074--021**

**\*\*\*\*750.00 \*\*\*\*750.00**

**LS**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LARSON, ALLAN T  
4629 PARADISE ISLE  
DESTIN FL 32541

Name **Teresa Larson**  
Street Address (P.O. Box Number is Not Acceptable)  
**7235 Mill Run Cir**  
Suite, Apt. #, Etc.  
City **Naples, FL** State **FL** Zip Code **34109**

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

*Teresa Larson*

REGISTERED AGENT MUST SIGN

Date

**11/20/01**

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., 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:

*Teresa Larson* / *Teresa Larson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11/20/01 941-593-6437**

CR2E040 (8/01)