

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 24, 2008
Secretary of State

DOCUMENT# P00000004304

Entity Name: LAZY DAYS REALTY, INC.

Current Principal Place of Business:

2524 N. TAMIAMI TRAIL
N. FT. MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

2524 N. TAMIAMI TRAIL
N. FT. MYERS, FL 33903

New Mailing Address:

FEI Number: 65-0986183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, JOSEPH E ESQ.
BECKER & POLIAKOFF, P.A.
14241 METROPOLIS AVE., #100
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

BURANDT, ROBERT B ESQ.
1714 CAPE CORAL PKWY. E.
CAPE CORAL, FL 33904 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: ROBERT B. BURANDT

01/24/2008

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: PD () Delete
Name: SIMPSON, ROBERT
Address: 2524 N TAMIAMI TRAIL
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VP () Delete
Name: SUTTON, PAULA
Address: 784 ROSES LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SD () Delete
Name: MCRAE, LINDA
Address: 799 ROSES LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: DISAPIO, JUNE
Address: 797 ROSES LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: CORDIER, RON
Address: 546 FREEDOM ST.
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: HERNLY, SHIRLEY
Address: 918 RAINBOW LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAINE, ERLING W
Address: 844 WINTEREST WAY
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: DODGE, MARYANN
Address: 952 DAYS LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ERLING W. MAINE

PRES

01/24/2008

Electronic Signature of Signing Officer or Director

Date