

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000023923

Name and Mailing Address

0013998 01 AT 0.292 \*\*AUTO T1 0 0615 33908-429699

LAZY DAZE, L.L.C.

7239 MAIDA LANE

FORT MYERS FL 33908-4296

2004 MAY 11 A 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/13/2002	
Principal Place of Business 16200 SAN CARLOS BOULEVARD FORT MYERS FL 33908	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 55-0801204	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MURTY, TIMOTHY J 1633 PERIWINKLE WAY, SUITE A SANIBEL FL 33957	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 80003704448 05/24/04--01074--002 **200.00 City FL Zip Code
---	---

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* DATE *10-22-03*

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BARNEY VINDUSKA, MARILYN R	7239 MAIDA LANE --15556 KAPOK CT	FORT MYERS FL 33908
MGR	JOHNSON, LANCE S	844 SAN CARLOS DRIVE	FORT MYERS FL 33931

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager *[Signature]* Daytime Phone # 4668400

Typed or printed name of signing Managing Member/Manager Lance Johnson Marilyn Barney